



SAN BERNARDINO COUNTY SHERIFF'S DEPARTMENT BACKGROUND PACKET

Date: _____ Position Applied for: _____

Name: _____ Social Security Number: _____
Last First

Date of Birth: _____ Driver's License Number: _____ State: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone: _____
Home Cell Work

E-Mail Address(s): _____

How did you hear about the San Bernardino County Sheriff's Department? (Check One)

Sheriff's Department Website ☐ Sheriff's Department Member ☐ Job Fair ☐
Advertisement ☐ www.sheriffsjobs.com ☐ Recruiter ☐ Other: _____

Pursuant to the Americans with Disabilities Act (ADA), you are not required nor are you expected to furnish any information in this questionnaire that is of a medical nature. For example, do not report any work absences for illness or workers compensation claims. Do not discuss or report any disabilities you might have. This information is strictly medical in nature, and as this questionnaire is part of the pre-job offer background investigation, is not subject to disclosure during this portion of the background investigation.

For the purpose of this background packet, drug possession shall be defined as each time the drug was in your personal possession either on or within the body or in the hands, clothing, vehicle, home, residence or any other area that you controlled.

Please read and answer all of the questions in this entire packet. You are admonished to answer all questions completely and truthfully. If you are dishonest in your answers, fail to fully answer any question, or misstate any material facts, you will be disqualified from further consideration for this position. Remember that your response may be subject to verification by a polygraph examination.



San Bernardino County Sheriff's Department
Employee Resources Division
655 E. Third Street
San Bernardino, CA 92415-0061
(909) 387-3750



REQUIRED DOCUMENTS

Instructions: Please read these instructions carefully. Your ability to follow these instructions in a timely manner is part of the background investigation process. Please note that all the items covered on this list are *your* responsibility to obtain and shall be brought to the Employee Resources Division when instructed by your background investigator. It may take several weeks to arrange for some of these documents, so begin working on them at once. Do not delay completing your Personal History Statement Form or other application materials while waiting for these documents.

The following documents must be **sealed** by the issuing institution. These must be certified or official copies which bear a raised original seal. They will not be returned.

- ☐ Official **sealed** high school transcripts, *whether or not you graduated* (available from the high school, district or diocese records office).
- ☐ Official **sealed** college transcripts (if any) from each college and university you have attended, *whether or not you graduated*.

To facilitate the background investigation process, please **have the original and a copy** of the following documents available when required by the background investigation unit:

- ☐ Notarized Authorization form.
- ☐ Your original certified birth certificate (available from the City/County Registrar of Births of the State Vital Statistics Office).
Note: if you were born outside the United States, you will need to show your original Certificate of Naturalization.
- ☐ Your high school diploma, G.E.D. Certificate, or Certificate of High School Proficiency.
- ☐ Any college diplomas you possess.
- ☐ Your Social Security Card.
- ☐ Your current driver's license. (including any current extension)
- ☐ Proof of automobile liability insurance. (if you are operating a motor vehicle in California)
- ☐ Proof of Selective Service registration. (if male and born after January 15, 1960, call 1-847-688-6888 for info)
- ☐ Your DD 214 Long Form if you were in the military, along with any awards or decorations you received.
- ☐ If you have been married, your county-issued Marriage Certificate for each marriage. (available from the County Registrar)
- ☐ For any marriages dissolved, the final Dissolution/Annulment Order for each marriage dissolved.
- ☐ Any traffic collisions reports in which you have been named as a driver within the past three years.
- ☐ A copy of any police reports in which you were arrested. (if obtainable)
- ☐ Complete bankruptcy records including final discharge.
- ☐ Any name change records.
- ☐ Any other certificates, awards, recognitions, etc. you would like considered.

Feel free to contact the Employee Resources Division for assistance in completing this package but please do not call regarding your status within the background process.



PERSONAL HISTORY STATEMENT FORM

INSTRUCTIONS – DO NOT DETACH

Completion of this form is required by the San Bernardino County Sheriff's Department. In the case of Peace Officer Applicants, completion of this type of form is required by POST Regulation (California Code of Regulations § 1992(a)(5)). Please note, your ability to complete this form in a neat, timely and *accurate* fashion is a very important part of the background investigation process. Your background investigator will review this form with you, box by box and line by line. It is nonetheless ***your responsibility*** to make sure that you have read each question asked, that you understand each question, and you have answered truthfully and completely.

This form is used by the San Bernardino County Sheriff's Department to, among other things, determine your legal qualifications for the position for which you are applying. In addition to state or federal mandates in this area, the San Bernardino County Sheriff's Department has an obligation to itself and to the citizens of its service area to assure that persons who are not qualified for this position will be lawfully excluded from further consideration.

This form must be completed fully. Because this form differs *substantially* from other Personal History Statement Forms with which you may already be familiar, you should exercise care in answering the questions. You may not attach portions of other Personal History Statement Forms, resumes or applications in *substitution* for information required on this form.

Your Name:	Telephone Number at which you can be reached:
Agency at which you have applied: San Bernardino County Sheriff's Department	Position you have applied for:

Please be as specific as possible in your answers. Vague answers only require explanations during your interview. Please remember that there is no such thing as a perfect person or perfect candidate. The San Bernardino County Sheriff's Department is not looking for perfection; rather, an open and honest opportunity to fairly evaluate your qualifications for this position.

You are responsible for the accuracy of information on this form. It is *your responsibility* to make certain the information is complete and correct. Please note deliberate misstatements or omissions on this form will result in your application being rejected, regardless of the nature or reason for the misstatements or omissions. Read questions *thoroughly* before answering. If you do not understand a question, please ask your background investigator to clarify the question for you. Because you are an applicant for public employment, California Law (Labor Code § 432.2) specifically authorizes the San Bernardino County Sheriff's Department to require a polygraph or other lie detection examination as a condition of employment, if they so choose.

****The Americans With Disabilities Act****

Completion of this form is invariably required *prior* to the extension of any conditional offer of employment. It has been designed to avoid making inquiries about the existence, nature or severity of any disability an applicant may have. However, you should exercise care in responding to questions so as to avoid inadvertently furnishing such information.



PERSONAL HISTORY STATEMENT FORM

For example, when asked about why you left a job, do not indicate if you were disabled or granted a disability retirement. You should respond with "Unable to meet job requirements" or with just "Retired" in such cases. Also, you may indicate that you had sued (or had a suit settled) as a result of an accident, but *do not* indicate (at this time) if you were injured in that incident.

When responding to questions about any prior use of *illegal drugs*, you should identify the drug, or controlled substance used and when you *last* used the drug, but *do not* indicate how many times you might have *used* that substance. Do not furnish any identifying information about controlled substances that are lawfully prescribed to you, unless you were arrested for driving under the influence of alcohol and/or drugs. In such cases, do *not* identify the specific drug in question other than "lawfully prescribed".

NOTICE

Completing the background phase of this process may include meetings or appointments scheduled in buildings which might require climbing stairs. Do you require any special accommodation to complete this process?

☐ No ☐ Yes

The accommodation I require is: _____

****Legal Questions****

All *peace officer* applicants and others (when indicated) are required to disclose their prior involvement in illegal acts within certain specified reporting periods, regardless of any legal process which may or may not have occurred as a result of those acts. Please note, you are required to disclose acts that you have committed even if you were never caught, arrested or prosecuted. In many cases, your responses will be subject to verification by a polygraph examination and inconsistent statements you make between this document and your polygraph will undoubtedly result in your disqualification.

For questions regarding the use/possession of illegal drugs, remember that the legal term "possession" also includes *any* use whatsoever. It includes using, experimenting with, trying, ingesting, smoking, injecting or being under the influence of said drug. It also includes drugs that were in your possession, in your clothing or in your car, even if you did not 'use' them on that occasion. It would specifically include substances you *thought* were illegal drugs when you possessed them, even if they subsequently turned out to be harmless.

You are instructed to answer questions about the infractions and misdemeanors you may have committed *at any time during your lifetime*. You are also instructed to answer questions about felonies you may have committed *at any time during your lifetime*.

With respect to questions about legal processes initiated against you (detentions, arrests, plea bargains, diversions and/or convictions), you may have a legal right to answer "No" to certain of these questions as a result of the provisions of California law.

You should consult with your own attorney if you feel that you may be legally entitled to deny these processes under the law. However, the fact that a criminal conviction may have been legally expunged *does not* entitle you to deny having committed the act itself, and under certain circumstances (such as a conviction set aside under Penal Code § 1000), you may be required to disclose the conviction because you are applying for public employment in a criminal justice agency (Calif. Labor Code § 432.7).



PERSONAL HISTORY STATEMENT FORM

*** Misconduct in the Workplace ***

Your employment history is regarded by the San Bernardino County Sheriff's Department as some of the most significant information in a pre-employment background. While your present or former employers may have entered into an agreement with you to conceal prior accusations of misconduct, you should be aware that the California Courts have held some of these agreements to be contrary to the public policy of this State and therefore *illegal* and unenforceable. While such an agreement might legally entitle you to deny a specific disciplinary action taken against you by your employer, it will *not* entitle you to deny your factual involvement in misconduct. Any attempt to conceal your factual involvement in misconduct will unquestionably result in your *disqualification*. However, when your prospective employer has a legitimate opportunity to independently evaluate acts of misconduct, you will at least be given their thoughtful consideration in assessing the relevance, recency and impact of such acts. It is to your ultimate advantage to be as complete, candid and accurate as possible in all information you furnish.

Each area or distinct set of questions has a brief explanation or instructions concerning completing it. If for any reason there is insufficient room on the front of the form for you to furnish the required information, several pages have been furnished at the back of this form for this information. Please note which question number you are answering when using the back pages of this form. You may attach supplemental pages if you run out of room.

You are encouraged to make a copy of your completed form for your own records (California Labor Code § 432). This document is treated as a highly confidential document and, with the exception of an authorized criminal investigation, will not be shared with anyone outside of the San Bernardino County Sheriff's Department, polygraph examiner (if one is used in connection with this process) and background investigator(s). It becomes a permanent part of your pre-employment background file with the San Bernardino County Sheriff's Department and will not be released to any other party without your signed authorization or the order of a competent court.

**** CERTIFICATION OF APPLICANT ****

I hereby certify that I have read and understand the instructions for completing this document. I understand that I am solely responsible for the accuracy, completeness and truthfulness of the information contained on this form, and I will personally complete each item contained on this form.

Date: _____ Signature of Applicant: _____

Instructions to the Applicant

The information you provide in this Personal History Statement will be used in the background investigation to assist in determining your suitability for the position of **California Peace Officer**, in accordance with POST Commission Regulation 9053.

- It is your responsibility to complete this form and provide all required information.
- If you are filling out a printed copy of this form, neatly print in blue or black ink.
- You must respond to all items and questions. If a question does not apply to you, write "N/A" (not applicable) in the space provided for your response.
- If you need more space for any response, use the last page of this form (page 27) and identify the additional information by the question number.

Disqualification

There are very few **automatic** bases for rejection. Even issues of prior misconduct, such as prior illegal drug use, driving under the influence, theft, or even arrest or conviction are usually not, in and of themselves, automatically disqualifying. However, **deliberate misstatements or omissions** can and often will result in your application being rejected, regardless of the nature or reason for the misstatements/omissions. In fact, the number one reason individuals "fail" background investigations is because they deliberately withhold or misrepresent job-relevant information from their prospective employer.

BOTTOM LINE: You are responsible for providing complete, accurate, and truthful responses.

Disclosure of Medically-Related Information

In accordance with the U.S. Americans with Disabilities Act, the Genetic Information Nondiscrimination Act (GINA), and the California Fair Employment and Housing Act, applicants are not expected or required to reveal any medical or other disability-related information about themselves or their family members in response to questions on this form.

I have read and I understand the above instructions.

Signature: _____

Date: _____

PERSONAL HISTORY STATEMENT – PEACE OFFICER

SECTION 1: PERSONAL					
1. YOUR FULL NAME					
LAST		FIRST		MIDDLE	
2. OTHER NAMES YOU HAVE USED OR BEEN KNOWN BY (INCLUDE MAIDEN NAME AND NICKNAMES)					N/A
3. ADDRESS WHERE YOU LIVE					
NUMBER / STREET				APT / UNIT	
CITY			STATE	ZIP	
4. MAILING ADDRESS, IF DIFFERENT FROM ABOVE (FOR EXAMPLE, PO BOX)					
5. CONTACT NUMBERS					
HOME ()		WORK ()		EXT	OTHER ()
				CELL	FAX
6. CONTACT EMAIL			7. LIST ALL OTHER EMAIL ADDRESSES (SEPARATED BY COMMAS)		
8. CITIZENSHIP					
Are you a U.S. citizen? Yes No					
IF NO, are you a resident alien who is eligible and has applied for U.S. citizenship? Yes No					
9. BIRTH PLACE (CITY / COUNTY / STATE / COUNTRY)					
10. BIRTHDATE (MM/DD/YYYY)		11. SOCIAL SECURITY NUMBER		12. DRIVER'S LICENSE	
				NUMBER:	STATE: EXPIRES:
13. PHYSICAL DESCRIPTION					
HEIGHT:		WEIGHT:		HAIR COLOR:	EYE COLOR:

SECTION 2: RELATIVES AND REFERENCES						
14. IMMEDIATE FAMILY						
<ul style="list-style-type: none"> Provide all applicable information in the spaces below. Mark "Deceased," if appropriate. Mark "N/A" if a category is not applicable. If more space is needed, continue on page 27 – reference corresponding numbers. 						
14.A Spouse / Registered Domestic Partner					Deceased	N/A
NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / SUITE)		CITY	STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL			
DATE OF MARRIAGE/REGISTRATION / (MM/YYYY)		Is there, or has there ever been, a restraining or stay-away order in effect involving you and this individual? Yes No				
14.B Former Spouse / Former Registered Domestic Partner					Deceased	N/A
NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / SUITE)		CITY	STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL			
DATE OF MARRIAGE/REGISTRATION / (MM/YYYY)		DATE OF DISSOLUTION / (MM/YYYY)		Is there, or has there ever been, a restraining or stay-away order in effect involving you and this individual? Yes No		

Initial this page to indicate that you have read the instructions: _____

PERSONAL HISTORY STATEMENT – PEACE OFFICER

SECTION 2: RELATIVES AND REFERENCES *continued*

14.C Parents / Guardians

List **ALL** parents/guardians, living or deceased, including biological, adoptive, foster, step-parents, etc.

14.C.1 Parent / Guardian:	Mother	Father	Step-mother	Step-father	Other:	Deceased
NAME	HOME ADDRESS (NUMBER / STREET / APT)		CITY		STATE	ZIP
HOME PHONE ()	MAILING ADDRESS (IF DIFFERENT)		CITY		STATE	ZIP
WORK PHONE ()	CELL PHONE ()		EMAIL			

14.C.2 Parent / Guardian:	Mother	Father	Step-mother	Step-father	Other:	Deceased
NAME	HOME ADDRESS (NUMBER / STREET / APT)		CITY		STATE	ZIP
HOME PHONE ()	MAILING ADDRESS (IF DIFFERENT)		CITY		STATE	ZIP
WORK PHONE ()	CELL PHONE ()		EMAIL			

14.C.3 Parent / Guardian:	Mother	Father	Step-mother	Step-father	Other:	Deceased
NAME	HOME ADDRESS (NUMBER / STREET / APT)		CITY		STATE	ZIP
HOME PHONE ()	MAILING ADDRESS (IF DIFFERENT)		CITY		STATE	ZIP
WORK PHONE ()	CELL PHONE ()		EMAIL			

14.C.4 Parent / Guardian:	Mother	Father	Step-mother	Step-father	Other:	Deceased
NAME	HOME ADDRESS (NUMBER / STREET / APT)		CITY		STATE	ZIP
HOME PHONE ()	MAILING ADDRESS (IF DIFFERENT)		CITY		STATE	ZIP
WORK PHONE ()	CELL PHONE ()		EMAIL			

14.D Brothers / Sisters

N/A

List **ALL LIVING** siblings, including half-siblings, step-siblings, foster-siblings, etc.

14.D.1 Sibling:	Brother	Sister	Half-brother	Half-sister	Other:
NAME	AGE	HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ()	MAILING ADDRESS (IF DIFFERENT)		CITY		STATE ZIP
WORK PHONE ()	CELL PHONE ()		EMAIL		

14.D.2 Sibling:	Brother	Sister	Half-brother	Half-sister	Other:
NAME	AGE	HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ()	MAILING ADDRESS (IF DIFFERENT)		CITY		STATE ZIP
WORK PHONE ()	CELL PHONE ()		EMAIL		

Initial this page to indicate that you have read the instructions: _____

PERSONAL HISTORY STATEMENT – PEACE OFFICER

SECTION 2: RELATIVES AND REFERENCES *continued*

14.D.3 Sibling:		Brother	Sister	Half-brother	Half-sister	Other:
NAME	AGE	HOME ADDRESS (NUMBER / STREET / APT)			CITY	STATE ZIP
HOME PHONE ()		MAILING ADDRESS (IF DIFFERENT)			CITY	STATE ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL			

14.D.4 Sibling:		Brother	Sister	Half-brother	Half-sister	Other:
NAME	AGE	HOME ADDRESS (NUMBER / STREET / APT)			CITY	STATE ZIP
HOME PHONE ()		MAILING ADDRESS (IF DIFFERENT)			CITY	STATE ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL			

14.E Children	N/A
----------------------	-----

List **ALL LIVING** children, including natural, adopted, step, and/or foster care. Include any other children who reside with you. Provide the name and contact information of the custodial parent/guardian, if other than you.

14.E.1 Child:		Son	Daughter	Other:
NAME	AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)		
		ADDRESS (NUMBER / STREET / APT)		CITY STATE ZIP
		CONTACT NUMBER ()	EMAIL	

14.E.2 Child:		Son	Daughter	Other:
NAME	AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)		
		ADDRESS (NUMBER / STREET / APT)		CITY STATE ZIP
		CONTACT NUMBER ()	EMAIL	

14.E.3 Child:		Son	Daughter	Other:
NAME	AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)		
		ADDRESS (NUMBER / STREET / APT)		CITY STATE ZIP
		CONTACT NUMBER ()	EMAIL	

14.E.4 Child:		Son	Daughter	Other:
NAME	AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)		
		ADDRESS (NUMBER / STREET / APT)		CITY STATE ZIP
		CONTACT NUMBER ()	EMAIL	

Initial this page to indicate that you have read the instructions: _____

PERSONAL HISTORY STATEMENT – PEACE OFFICER

SECTION 2: RELATIVES AND REFERENCES *continued*

15. LIST OF REFERENCES

- List **7 –10** people who know you well, such as close personal relationships, social and family friends, teachers, military colleagues, and/or co-workers. Do **NOT** include relatives, employers, housemates, or any individuals listed elsewhere.

15.1	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		
	HOW DO YOU KNOW THIS PERSON?			HOW LONG HAVE YOU KNOWN THIS PERSON?	
15.2	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		
	HOW DO YOU KNOW THIS PERSON?			HOW LONG HAVE YOU KNOWN THIS PERSON?	
15.3	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		
	HOW DO YOU KNOW THIS PERSON?			HOW LONG HAVE YOU KNOWN THIS PERSON?	
15.4	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		
	HOW DO YOU KNOW THIS PERSON?			HOW LONG HAVE YOU KNOWN THIS PERSON?	
15.5	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		
	HOW DO YOU KNOW THIS PERSON?			HOW LONG HAVE YOU KNOWN THIS PERSON?	
15.6	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		
	HOW DO YOU KNOW THIS PERSON?			HOW LONG HAVE YOU KNOWN THIS PERSON?	

Initial this page to indicate that you have read the instructions: _____

PERSONAL HISTORY STATEMENT – PEACE OFFICER

SECTION 2: RELATIVES AND REFERENCES *continued*

15.7	NAME OF REFERENCE		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
	HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / SUITE)		CITY	STATE	ZIP
	WORK PHONE ()		CELL PHONE ()	EMAIL			
	HOW DO YOU KNOW THIS PERSON?				HOW LONG HAVE YOU KNOWN THIS PERSON?		
15.8	NAME OF REFERENCE		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
	HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / SUITE)		CITY	STATE	ZIP
	WORK PHONE ()		CELL PHONE ()	EMAIL			
	HOW DO YOU KNOW THIS PERSON?				HOW LONG HAVE YOU KNOWN THIS PERSON?		
15.9	NAME OF REFERENCE		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
	HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / SUITE)		CITY	STATE	ZIP
	WORK PHONE ()		CELL PHONE ()	EMAIL			
	HOW DO YOU KNOW THIS PERSON?				HOW LONG HAVE YOU KNOWN THIS PERSON?		
15.10	NAME OF REFERENCE		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
	HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / SUITE)		CITY	STATE	ZIP
	WORK PHONE ()		CELL PHONE ()	EMAIL			
	HOW DO YOU KNOW THIS PERSON?				HOW LONG HAVE YOU KNOWN THIS PERSON?		

SECTION 3: EDUCATION

- NOTE:** You will be required to furnish transcripts or other proof to support all of your educational claims in Section 3.
- If more space is needed, continue your response on page 27.

16. CHECK APPLICABLE		MM/YYYY	MM/YYYY	MM/YYYY	
HIGH SCHOOL DIPLOMA:		/	GED:	/	
			CALIFORNIA HIGH SCHOOL PROFICIENCY CERTIFICATE:	/	
17. LIST HIGH SCHOOL(S) ATTENDED					
17.1	NAME OF HIGH SCHOOL			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	CITY			STATE	
17.2	NAME OF HIGH SCHOOL			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	CITY			STATE	

Initial this page to indicate that you have read the instructions: _____

PERSONAL HISTORY STATEMENT – PEACE OFFICER

SECTION 3: EDUCATION *continued*

18. LIST ALL COLLEGES AND UNIVERSITIES ATTENDED

18.1	NAME OF COLLEGE/UNIVERSITY		FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED	
			/	/	QTR SYSTEM SEM SYSTEM	
	ADDRESS (NUMBER / STREET)				TYPE OF DEGREE EARNED	
CITY		STATE	ZIP	MAJOR / AREA OF STUDY		
18.2	NAME OF COLLEGE/UNIVERSITY		FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED	
			/	/	QTR SYSTEM SEM SYSTEM	
	ADDRESS (NUMBER / STREET)				TYPE OF DEGREE EARNED	
CITY		STATE	ZIP	MAJOR / AREA OF STUDY		
18.3	NAME OF COLLEGE/UNIVERSITY		FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED	
			/	/	QTR SYSTEM SEM SYSTEM	
	ADDRESS (NUMBER / STREET)				TYPE OF DEGREE EARNED	
CITY		STATE	ZIP	MAJOR / AREA OF STUDY		
18.4	NAME OF COLLEGE/UNIVERSITY		FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED	
			/	/	QTR SYSTEM SEM SYSTEM	
	ADDRESS (NUMBER / STREET)				TYPE OF DEGREE EARNED	
CITY		STATE	ZIP	MAJOR / AREA OF STUDY		

19. LIST ALL TRADE, VOCATIONAL, AND BUSINESS SCHOOLS / INSTITUTES ATTENDED

19.1	NAME OF TRADE, VOCATIONAL, OR BUSINESS SCHOOL/INSTITUTE		FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU COMPLETE THE COURSE?	
			/	/	YES NO	
CITY		STATE	TYPE OF SCHOOL OR TRAINING			
19.2	NAME OF TRADE, VOCATIONAL, OR BUSINESS SCHOOL/INSTITUTE		FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU COMPLETE THE COURSE?	
			/	/	YES NO	
CITY		STATE	TYPE OF SCHOOL OR TRAINING			

20. Have you ever taken a **PC832** (Arrest and/or Firearms) Course? Yes No

IF YES, provide the following information:

A. COURSE PRESENTER NAME		LOCATION (CITY / STATE)	
B. COURSE COMPLETION			COMPLETION DATE (MM/YYYY)
Did you successfully complete the course? Yes No			/

Initial this page to indicate that you have read the instructions: _____

PERSONAL HISTORY STATEMENT – PEACE OFFICER

SECTION 3: EDUCATION *continued*

21. Have you ever attended a **POST** Basic Course/Academy: Regular, Specialized Investigators', Reserve, or Dispatcher? Yes No
IF YES, provide the following information:

21.1	NAME OF ACADEMY		FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU PASS/GRADUATE?
			/	/	YES NO
	LOCATION (CITY, STATE)		NAME OF TRAINING OFFICER / ACADEMY COORDINATOR		CONTACT NUMBER
					()
21.2	NAME OF ACADEMY		FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU PASS/GRADUATE?
			/	/	YES NO
	LOCATION (CITY, STATE)		NAME OF TRAINING OFFICER / ACADEMY COORDINATOR		CONTACT NUMBER
					()

22. Have you ever been subject to any disciplinary action, including academic probation, suspension, or expulsion from any high school, college/university, business, or trade school? Yes No

IF YES, describe in detail below. Starting with high school, list any and all disciplinary actions received in any school or educational institution. Include when the disciplinary action(s) occurred, name of school(s), and explanation of circumstances.

SECTION 4: RESIDENCE HISTORY

23. LIST OF RESIDENCES

- List all residences **during the last 10 years or since age 15**.
- Provide **complete** addresses (include markers such as Street, Drive, Road, East, West, etc., and unit/apt number). Do **NOT** use PO Boxes.
- If the residence is a military base, identify name of base in address, nearest city, state, and zip code. Do **NOT** list military barracks mates unless you shared individual quarters.
- If more space is needed, continue your response on page 27.

23.1	ADDRESS WHERE YOU NOW LIVE (NUMBER / STREET / APT)				FROM (MM/YYYY)	TO (MM/YYYY)
					/	PRESENT
	CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)					CONTACT NUMBER
						()
	CITY	STATE	ZIP	EMAIL		
	Name(s) of those with whom you live:					
23.2	FORMER ADDRESS (NUMBER / STREET / APT)				FROM (MM/YYYY)	TO (MM/YYYY)
					/	/
	CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)					CONTACT NUMBER
						()
	CITY	STATE	ZIP	EMAIL		
	Name(s) of those with whom you lived:					
	Reason for moving:					

Initial this page to indicate that you have read the instructions: _____

PERSONAL HISTORY STATEMENT – PEACE OFFICER

SECTION 4: RESIDENCE HISTORY *continued*

23.3	FORMER ADDRESS (NUMBER / STREET / APT)			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)			CONTACT NUMBER	
				()	
	CITY	STATE	ZIP	EMAIL	
	Name(s) of those with whom you lived:				
	Reason for moving:				
23.4	FORMER ADDRESS (NUMBER / STREET / APT)			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)			CONTACT NUMBER	
				()	
	CITY	STATE	ZIP	EMAIL	
	Name(s) of those with whom you lived:				
	Reason for moving:				
23.5	FORMER ADDRESS (NUMBER / STREET / APT)			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)			CONTACT NUMBER	
				()	
	CITY	STATE	ZIP	EMAIL	
	Name(s) of those with whom you lived:				
	Reason for moving:				

24. LIST OF HOUSEMATES

- Provide contact information for all housemates listed in **Question 23** with whom you have resided **during the past 10 years** or **since age 15**.
- Do **NOT** list anyone for whom you have already provided contact information.
- *If more space is needed, continue your response on page 27.*

24.1	NAME OF HOUSEMATE			CONTACT NUMBER	
				()	
	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)			CITY	STATE
	NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)			EMAIL	

Initial this page to indicate that you have read the instructions: _____

SECTION 4: RESIDENCES *continued*

25.	Have you ever been evicted or asked to leave a residence?	Yes	No
26.	Have you ever left a residence owing rent, utilities, or other household expenses?	Yes	No

If you answered "YES" to **Questions 25 and/or 26**, explain (include when, where, and circumstances):

Initial this page to indicate that you have read the instructions: _____

PERSONAL HISTORY STATEMENT – PEACE OFFICER

SECTION 5: EXPERIENCE AND EMPLOYMENT

27. JOB EXPERIENCE

- List **ALL** jobs you have had, including part-time, temporary, self-employment, and volunteer. (Begin with your most current.)
- If you have military experience, including reserve duty, enter your military base, assignments, or unit of assignment.
- List **ALL** periods of unemployment in **excess of 30 days**.
- *If more space is needed, continue your response on page 27.*

27.1	NAME OF CURRENT EMPLOYER OR MILITARY UNIT				FROM (MM/YYYY)	TO (MM/YYYY)
					/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)				SUPERVISOR	
	CITY		STATE	ZIP	CONTACT NUMBER	EXT
					()	
	JOB TITLE / RANK				EMAIL	
	DUTIES / ASSIGNMENTS				TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)	
				FT PT TEMP SELF-EMPLOYED VOLUNTEER		
NAMES OF CO-WORKERS				REASON FOR WANTING TO LEAVE		
1) 2)						
Would there be a problem if we contact your current employer? Yes No IF YES, explain:						

27.2	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)				FROM (MM/YYYY)	TO (MM/YYYY)
	Student Between jobs Leave of absence Travel Other:				/	/

27.3	NAME OF EMPLOYER OR MILITARY UNIT				FROM (MM/YYYY)	TO (MM/YYYY)
					/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)				SUPERVISOR	
	CITY		STATE	ZIP	CONTACT NUMBER	EXT
					()	
	JOB TITLE / RANK				EMAIL	
	DUTIES / ASSIGNMENTS				TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)	
				FT PT TEMP SELF-EMPLOYED VOLUNTEER		
NAMES OF CO-WORKERS				REASON FOR LEAVING		
1) 2)						

27.4	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)				FROM (MM/YYYY)	TO (MM/YYYY)
	Student Between jobs Leave of absence Travel Other:				/	/

Initial this page to indicate that you have read the instructions: _____

PERSONAL HISTORY STATEMENT – PEACE OFFICER

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

27.5	NAME OF EMPLOYER OR MILITARY UNIT				FROM (MM/YYYY)	TO (MM/YYYY)
					/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			SUPERVISOR		
	CITY	STATE	ZIP	CONTACT NUMBER	EXT	
				()		
	JOB TITLE / RANK			EMAIL		
DUTIES / ASSIGNMENTS			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)			
			FT PT TEMP SELF-EMPLOYED VOLUNTEER			
NAMES OF CO-WORKERS			REASON FOR LEAVING			
1)			2)			

27.6	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)					FROM (MM/YYYY)	TO (MM/YYYY)
	Student Between jobs Leave of absence Travel Other:					/	/

27.7	NAME OF EMPLOYER OR MILITARY UNIT				FROM (MM/YYYY)	TO (MM/YYYY)
					/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			SUPERVISOR		
	CITY	STATE	ZIP	CONTACT NUMBER	EXT	
				()		
	JOB TITLE / RANK			EMAIL		
DUTIES / ASSIGNMENTS			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)			
			FT PT TEMP SELF-EMPLOYED VOLUNTEER			
NAMES OF CO-WORKERS			REASON FOR LEAVING			
1)			2)			

27.8	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)					FROM (MM/YYYY)	TO (MM/YYYY)
	Student Between jobs Leave of absence Travel Other:					/	/

27.9	NAME OF EMPLOYER OR MILITARY UNIT				FROM (MM/YYYY)	TO (MM/YYYY)
					/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			SUPERVISOR		
	CITY	STATE	ZIP	CONTACT NUMBER	EXT	
				()		
	JOB TITLE / RANK			EMAIL		
DUTIES / ASSIGNMENTS			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)			
			FT PT TEMP SELF-EMPLOYED VOLUNTEER			
NAMES OF CO-WORKERS			REASON FOR LEAVING			
1)			2)			

27.10	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)					FROM (MM/YYYY)	TO (MM/YYYY)
	Student Between jobs Leave of absence Travel Other:					/	/

Initial this page to indicate that you have read the instructions: _____

PERSONAL HISTORY STATEMENT – PEACE OFFICER

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

27.11	NAME OF EMPLOYER OR MILITARY UNIT				FROM (MM/YYYY)	TO (MM/YYYY)
					/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			SUPERVISOR		
	CITY	STATE	ZIP	CONTACT NUMBER	EXT	
				()		
	JOB TITLE / RANK			EMAIL		
DUTIES / ASSIGNMENTS			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)			
			FT PT TEMP SELF-EMPLOYED VOLUNTEER			
NAMES OF CO-WORKERS			REASON FOR LEAVING			
1)			2)			

27.12	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)				FROM (MM/YYYY)	TO (MM/YYYY)
	Student Between jobs Leave of absence Travel Other:				/	/

27.13	NAME OF EMPLOYER OR MILITARY UNIT				FROM (MM/YYYY)	TO (MM/YYYY)
					/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			SUPERVISOR		
	CITY	STATE	ZIP	CONTACT NUMBER	EXT	
				()		
	JOB TITLE / RANK			EMAIL		
DUTIES / ASSIGNMENTS			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)			
			FT PT TEMP SELF-EMPLOYED VOLUNTEER			
NAMES OF CO-WORKERS			REASON FOR LEAVING			
1)			2)			

27.14	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)				FROM (MM/YYYY)	TO (MM/YYYY)
	Student Between jobs Leave of absence Travel Other:				/	/

27.15	NAME OF EMPLOYER OR MILITARY UNIT				FROM (MM/YYYY)	TO (MM/YYYY)
					/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			SUPERVISOR		
	CITY	STATE	ZIP	CONTACT NUMBER	EXT	
				()		
	JOB TITLE / RANK			EMAIL		
DUTIES / ASSIGNMENTS			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)			
			FT PT TEMP SELF-EMPLOYED VOLUNTEER			
NAMES OF CO-WORKERS			REASON FOR LEAVING			
1)			2)			

27.16	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)				FROM (MM/YYYY)	TO (MM/YYYY)
	Student Between jobs Leave of absence Travel Other:				/	/

Initial this page to indicate that you have read the instructions: _____

PERSONAL HISTORY STATEMENT – PEACE OFFICER

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

27.17	NAME OF EMPLOYER OR MILITARY UNIT				FROM (MM/YYYY)	TO (MM/YYYY)
					/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			SUPERVISOR		
	CITY	STATE	ZIP	CONTACT NUMBER	EXT	
				()		
	JOB TITLE / RANK			EMAIL		
DUTIES / ASSIGNMENTS			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)			
			FT PT TEMP SELF-EMPLOYED VOLUNTEER			
NAMES OF CO-WORKERS			REASON FOR LEAVING			
1)			2)			

27.18	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)					FROM (MM/YYYY)	TO (MM/YYYY)
	Student	Between jobs	Leave of absence	Travel	Other:	/	/

27.19	NAME OF EMPLOYER OR MILITARY UNIT				FROM (MM/YYYY)	TO (MM/YYYY)
					/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			SUPERVISOR		
	CITY	STATE	ZIP	CONTACT NUMBER	EXT	
				()		
	JOB TITLE / RANK			EMAIL		
DUTIES / ASSIGNMENTS			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)			
			FT PT TEMP SELF-EMPLOYED VOLUNTEER			
NAMES OF CO-WORKERS			REASON FOR LEAVING			
1)			2)			

27.20	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)					FROM (MM/YYYY)	TO (MM/YYYY)
	Student	Between jobs	Leave of absence	Travel	Other:	/	/

28.	Have you ever been disciplined at work? (This includes written warnings, formal letters of counseling, reprimands, suspensions, reductions in pay, reassignments, or demotions.)			Yes	No
29.	Have you ever been fired, released from probation, or asked to resign from any place of employment?			Yes	No
30.	Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer?			Yes	No
31.	Have you ever quit without giving notice?			Yes	No
32.	Have you ever resigned in lieu of termination?			Yes	No
33.	Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate or customer?			Yes	No
34.	Were you ever the subject of a written complaint at work?			Yes	No
35.	Have you ever been counseled at work due to lateness or absences?			Yes	No

Initial this page to indicate that you have read the instructions: _____

PERSONAL HISTORY STATEMENT – PEACE OFFICER

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

36. Did you ever receive an unsatisfactory performance review? Yes No

37. Have you ever sold, released, or given away legally confidential information? Yes No

38. Have you ever called in sick when you were neither sick nor caring for a sick family member? Yes No
IF YES, how many sick days have you used in the past five years which were not due to illness? Days

If you answered "YES" to any of **Questions 28–38**, explain (include when, where, and circumstances – *reference corresponding numbers*).

39. In the **past three years**, have you missed days or been late to work due to drug or alcohol consumption? Yes No
IF YES, how often?

40. Has your work performance ever been affected by your use of alcohol or drugs? Yes No
IF YES, WHEN? NAME OF EMPLOYER:

41. In the **past three years**, have you been warned by an employer about your drinking or drug habits and their impact on your performance? Yes No
IF YES, WHEN? NAME OF EMPLOYER:

42. Have you **ever** applied for **any** position at another law enforcement agency (city, county, state, or federal)? Yes No

- If you answered "YES" to **Question 42**, list **EVERY** agency you have applied to, starting with the most recent.
- Give complete and accurate addresses.
- **All agencies MUST be listed regardless of the outcome or current status. Check all boxes that apply for each agency.**
- *If more space is needed, continue your response on page 27.*

42.1	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY)		
					/		
	ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)			
	CITY	STATE	ZIP	CONTACT NUMBER	EXT		
				()			
POSITION APPLIED FOR			EMAIL				
CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:							
STEP:	APPLICATION	WRITTEN	PHYSICAL ABILITY	ORAL	POLYGRAPH/CVSA	BACKGROUND	CHIEF'S ORAL
	CONDITIONAL OFFER						
STATUS:	HIRED	ON ELIGIBILITY LIST	WITHDRAWN	DISQUALIFIED	LIST EXPIRED		

Initial this page to indicate that you have read the instructions: _____

PERSONAL HISTORY STATEMENT – PEACE OFFICER

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

42.2	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY)	
					/	
	ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
	CITY	STATE	ZIP	CONTACT NUMBER	EXT	
				()		
42.3	POSITION APPLIED FOR			EMAIL		
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:					
	STEP: APPLICATION WRITTEN PHYSICAL ABILITY ORAL POLYGRAPH/CVSA BACKGROUND CHIEF'S ORAL					
	CONDITIONAL OFFER					
42.4	STATUS: HIRED ON ELIGIBILITY LIST WITHDRAWN DISQUALIFIED LIST EXPIRED					
	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY)	
					/	
	ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
42.5	CITY	STATE	ZIP	CONTACT NUMBER	EXT	
				()		
	POSITION APPLIED FOR			EMAIL		
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:					
42.5	STEP: APPLICATION WRITTEN PHYSICAL ABILITY ORAL POLYGRAPH/CVSA BACKGROUND CHIEF'S ORAL					
	CONDITIONAL OFFER					
	STATUS: HIRED ON ELIGIBILITY LIST WITHDRAWN DISQUALIFIED LIST EXPIRED					
	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY)	
					/	
42.5	ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
	CITY	STATE	ZIP	CONTACT NUMBER	EXT	
				()		
	POSITION APPLIED FOR			EMAIL		
42.5						
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:					
	STEP: APPLICATION WRITTEN PHYSICAL ABILITY ORAL POLYGRAPH/CVSA BACKGROUND CHIEF'S ORAL					
	CONDITIONAL OFFER					
	STATUS: HIRED ON ELIGIBILITY LIST WITHDRAWN DISQUALIFIED LIST EXPIRED					

Initial this page to indicate that you have read the instructions: _____

PERSONAL HISTORY STATEMENT – PEACE OFFICER

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

42.6	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY)	
					/	
	ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
	CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
	POSITION APPLIED FOR			EMAIL		
CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:						
STEP: APPLICATION WRITTEN PHYSICAL ABILITY ORAL POLYGRAPH/CVSA BACKGROUND CHIEF'S ORAL						
CONDITIONAL OFFER						
STATUS: HIRED ON ELIGIBILITY LIST WITHDRAWN DISQUALIFIED LIST EXPIRED						
42.7	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY)	
					/	
	ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
	CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
	POSITION APPLIED FOR			EMAIL		
CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:						
STEP: APPLICATION WRITTEN PHYSICAL ABILITY ORAL POLYGRAPH/CVSA BACKGROUND CHIEF'S ORAL						
CONDITIONAL OFFER						
STATUS: HIRED ON ELIGIBILITY LIST WITHDRAWN DISQUALIFIED LIST EXPIRED						

SECTION 6: MILITARY EXPERIENCE

43.	Are you required to register for the Selective Service?		Yes	No
	IF YES, have you registered?		Yes	No
	IF NO, explain:			
44.	Have you ever served in the military?		Yes	No
45.	If you answered "YES" to Question 44, include the following service information:			
	BRANCH OF SERVICE		FROM (MM/YYYY)	TO (MM/YYYY)
			/	/
	TYPE OF DISCHARGE			
	ENTRY LEVEL HONORABLE GENERAL OTH (OTHER THAN HONORABLE) BAD CONDUCT DISHONORABLE			
	RE-ENTRY CODE (1–4) IF APPLICABLE – REFER TO YOUR DD-214:			
46.	Are you currently participating in one of the following?			
	Military Reserve National Guard IF CHECKED, date obligation ends (MM/DD/YY):			
47.	Have you ever been the subject of any judicial or non-judicial disciplinary action (such as, court martial, captain's mast, office hours, company punishment)?			
	Yes No			
48.	Were you ever denied a security clearance, or had a clearance revoked, suspended, or downgraded?		Yes	No
49.	Have you ever taken military property without permission for personal use, to sell, or to give away?		Yes	No

Initial this page to indicate that you have read the instructions: _____

PERSONAL HISTORY STATEMENT – PEACE OFFICER

SECTION 6: MILITARY EXPERIENCE *continued*

If you answered "YES" to any of **Questions 47–49**, explain (include dates and circumstances).

SECTION 7: FINANCIAL

50. INCOME AND EXPENSES

- For each of the following questions (**50A, B, C**), fill in the amounts to the nearest dollar.
- For **Question 50C**: Estimate your monthly living expenses. Include housing, utilities, credit cards or other loan payments, food, gas and car maintenance, entertainment, etc., as well as any other obligations you may have.

A) From your employer(s), what is your take-home monthly income?	\$	per month
B) Do you have other sources of income? (IF YES, fill in amount and explain.)	Yes	No
Explain:		
C) How much do you spend each month?	\$	per month

51. Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)?	Yes	No
52. Have any of your bills ever been turned over to a collection agency?	Yes	No
53. Have you ever had purchased goods repossessed?	Yes	No
54. Have your wages ever been garnished?	Yes	No
55. Have you ever been delinquent on income or other tax payments?	Yes	No
56. Have you ever failed to file income tax or cheated/lie on an income tax form?	Yes	No
57. Have you ever had an employment bond refused?	Yes	No
58. Have you ever avoided paying any lawful debt by moving away?	Yes	No
59. Have you ever defaulted on (failed to pay) a loan?	Yes	No
60. Have you ever borrowed money to pay for a gambling debt?	Yes	No
IF YES, do you currently have any outstanding debts as a result of gambling?	Yes	No
61. Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase of fraudulent documents, etc.)?	Yes	No
62. Have you ever failed to make or been late on a court-ordered payment (e.g., child support, alimony, restitution, etc.)?	Yes	No
63. Have you written three or more bad checks in a one-year period?	Yes	No

If you answered "YES" to any of **Questions 51–63**, explain (include when, where, and why – *reference corresponding numbers*).

PERSONAL HISTORY STATEMENT – PEACE OFFICER

SECTION 8: LEGAL

► Disclosure of Arrests and Convictions

- This section requires you to report detentions, arrests, and convictions, including diversion programs that were not successfully completed, and in some cases, offenses that may have been pardoned. As a peace officer applicant, you are required to disclose this information, unless specifically exempted by state or federal law. **It is strongly recommended that you consult with an attorney before omitting any information.**
- *If more space is needed, continue your response on page 27.*

64. Have you **EVER** been detained by law enforcement for investigation, arrested, indicted, charged, or convicted of any misdemeanor or felony offense in this state or any other legal jurisdiction (including offenses in the Uniform Code of Military Justice)? Yes No
IF YES, explain each incident:

64.1	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY
	/		
DISPOSITION OR PENALTY			
64.2	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY
	/		
DISPOSITION OR PENALTY			
64.3	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY
	/		
DISPOSITION OR PENALTY			

65. Have you ever been placed on court probation? Yes No

66. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed as an adult? Yes No

67. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)? Yes No

68. Have the police ever been called to your home for any reason? Yes No

69. Have you or your spouse/partner ever been referred to Child Protective Services? Yes No

70. Have you ever been the subject of an emergency protective order/restraining order/stay-away order? Yes No

Initial this page to indicate that you have read the instructions: _____

PERSONAL HISTORY STATEMENT – PEACE OFFICER

SECTION 8: LEGAL *continued*

- | | | | |
|-----|--|-----|----|
| 71. | Have you settled any civil suit in which you, your insurance company, or anyone else on your behalf was required to make payment to the other party? | Yes | No |
| 72. | Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance? | Yes | No |
| 73. | Have you ever been required to repay any welfare payments, unemployment compensation, or other state or federal assistance? | Yes | No |
| 74. | Have you ever filed a false insurance or workers' compensation claim? | Yes | No |

If you answered "YES" to any of **Questions 65–74**, explain (include court case or document, dates, and circumstances – *reference corresponding numbers*).

► Involvement in Criminal Acts – Part 1

75. Have you committed any of the following acts ***within the past 10 years?*** (You do NOT have to report any acts committed ***prior to age 15.***)

- You **MUST** include any acts committed at any time after you were first employed in law enforcement, including as a Police Explorer/Police Cadet.
- NOTE: You may NOT withhold any information regarding your involvement in any of the following acts, even if federal or state law relieved you from reporting the detention, arrest, or conviction that arose from it.**

- | | | | |
|-------|--|-----|----|
| 75.1 | Animal abuse and/or neglect | Yes | No |
| 75.2 | Annoying, obscene, or harassing contacts by telephone or other electronic communication device | Yes | No |
| 75.3 | Battery (use of force or violence upon another) | Yes | No |
| 75.4 | Brandishing a weapon (any type of weapon) | Yes | No |
| 75.5 | Carrying a concealed weapon without a permit | Yes | No |
| 75.6 | Contributing to the delinquency of a minor | Yes | No |
| 75.7 | Defrauding an innkeeper (not paying for food or room at a hotel/motel, campground, etc.) | Yes | No |
| 75.8 | Driving under the influence of alcohol and/or drugs | Yes | No |
| 75.9 | Drunk in public (being so intoxicated in a public place that you're not able to care for yourself) | Yes | No |
| 75.10 | Filing a false police report | Yes | No |
| 75.11 | Hit & run collision (no injuries) | Yes | No |
| 75.12 | Illegal gambling | Yes | No |
| 75.13 | Illegal hunting and/or fishing (for example, without a license, out of season) | Yes | No |

Initial this page to indicate that you have read the instructions: _____

PERSONAL HISTORY STATEMENT – PEACE OFFICER

SECTION 8: LEGAL *continued*

75.14	Impersonating a peace officer (pretending to be a police officer)	Yes	No
75.15	Indecent exposure and/or lewd or obscene conduct	Yes	No
75.16	Intentionally writing a bad check	Yes	No
75.17	Joyriding (using a car or other vehicle without owner's permission)	Yes	No
75.18	Peeping (including, but not limited to, looking through a window or opening with the intent to invade someone's privacy)	Yes	No
75.19	Petty theft (value up to \$950, including shoplifting/switching price tags)	Yes	No
75.20	Possession of alcohol as a minor	Yes	No
75.21	Possession of falsified or altered identification, including use of another person's ID (for any reason)	Yes	No
75.22	Possession of stolen property (including, but not limited to, vehicles, credit/debit cards, etc.)	Yes	No
75.23	Prostitution or solicitation of prostitution (including, but not limited to, patronizing illegal massage parlors)	Yes	No
75.24	Reckless driving	Yes	No
75.25	Resisting arrest and/or delaying or obstructing an officer (including, but not limited to, running from the police)	Yes	No
75.26	Trespassing	Yes	No
75.27	Vandalism (including, but not limited to, "tagging," malicious mischief, and/or property damage)	Yes	No
75.28	Any other act amounting to a misdemeanor	Yes	No

- If you answered "YES" to **ANY** of the item(s) in **Question 75**, fully explain circumstances, including dates, names of individuals involved, and resolution. *Reference the corresponding number (e.g., 75.5) for each explanation.*
- *If more space is needed, continue your response on page 27.*

► Involvement in Criminal Acts – Part 2

76. **At any time in your life**, have you **EVER** committed any of the following acts?

NOTE: You may NOT withhold any information regarding your involvement in any of the following acts, even if federal or state law relieved you from reporting the detention, arrest, or conviction that arose from it.

76.1	Arson (intentionally destroying property by setting a fire)	Yes	No
76.2	Assault with a deadly weapon (struck or threatened to strike someone with an instrument likely to cause great bodily injury or death)	Yes	No
76.3	Blackmail or extortion	Yes	No

Initial this page to indicate that you have read the instructions: _____

PERSONAL HISTORY STATEMENT – PEACE OFFICER

SECTION 8: LEGAL <i>continued</i>				
76.4	Burglary (entering a structure or vehicle to commit theft or other crime)	Yes	No	
76.5	Child molestation (performing unlawful acts with a child, inappropriate touching of a child)	Yes	No	
76.6	Elder abuse and/or neglect (physical and/or financial)	Yes	No	
76.7	Embezzlement (theft of money or other valuables entrusted to you)	Yes	No	
76.8	Felony drunk driving (involving injuries)	Yes	No	
76.9	Forcible rape	Yes	No	
76.10	Forgery (falsifying any type of document, check certificate, license, currency, etc.)	Yes	No	
76.11	Fraudulent use of a credit, ATM, debit, and/or check card	Yes	No	
76.12	Grand theft (value of over \$950, or any firearm)	Yes	No	
76.13	Hit & run (with injuries)	Yes	No	
76.14	Hate crime	Yes	No	
76.15	Illegal sex acts with another	Yes	No	
76.16	Insurance fraud	Yes	No	
76.17	Murder, homicide, or attempted murder	Yes	No	
76.18	Perjury (lying under oath)	Yes	No	
76.19	Possession of an explosive/destructive device	Yes	No	
76.20	Robbery (theft from another person using a weapon, force, or fear)	Yes	No	
76.21	Stalking	Yes	No	
76.22	Theft of a vehicle and/or vehicle parts	Yes	No	
76.23	Viewing and/or possessing child pornography	Yes	No	
76.24	Any other act amounting to a felony	Yes	No	

- If you answered "YES" to **ANY** of the item(s) in **Question 76**, fully explain circumstances, including dates, names of individuals involved, and resolution. *Reference the corresponding number (e.g., 76.3) for each explanation.*
- *If more space is needed, continue your response on page 27.*

Initial this page to indicate that you have read the instructions: _____

PERSONAL HISTORY STATEMENT – PEACE OFFICER

SECTION 8: LEGAL *continued*

► Illegal Use of Drugs

- For the purpose of responding to the following questions, “illegal drugs” include the unauthorized or illegal use of prescription medications or over-the-counter drugs; it also includes the illegal use of any other substance for the purpose of getting “high.”
- Your responses should include — **but not be limited to** — your use of any of the following:

- | | |
|--|---|
| ► Amphetamines / Methamphetamines (<i>Uppers, Speed, Crank, etc</i>) | ► Marijuana (<i>with or without a prescription</i>) |
| ► Barbiturates (<i>Downers</i>) | ► Mescaline |
| ► Cocaine / Crack Cocaine | ► Morphine |
| ► Designer Drugs (<i>Ecstasy, Synthetic Heroin, etc.</i>) | ► PCP / Angel Dust |
| ► GHB (<i>Date Rape Drug</i>) | ► Quaaludes |
| ► Hallucinogens (<i>Peyote, LSD, Mushrooms</i>) | ► Steroids |
| ► Hashish / Hashish Oil | ► Tetrahydrocannabinol (THC) |
| ► Heroin / Opium | ► Glue, paint, or any substance containing toluene |

77. **Within the past six months**, have you used any drug(s) as indicated above? Yes No

IF YES, give details including **drug(s) used**, **most recent date used**, and **circumstances**:

78. **Prior to the past six months**:

I HAVE **NEVER** USED ANY DRUG RECREATIONALLY.

I HAVE TRIED OR USED ONE OR MORE DRUGS, BUT ONLY UNDER **LIMITED** CIRCUMSTANCES (*FOR EXAMPLE, EXPERIMENTATION, AT PARTIES, CONCERTS, SPECIAL EVENTS, ETC.*)

IF YOU CHECKED BOX 2, give details including **drug(s) used**, **most recent date used**, and **circumstances**:

79. Have you **EVER** engaged in any of the activities listed below involving drugs, narcotics or illegal substances, including marijuana and/or prescription drugs without a prescription:

Sold Manufactured Purchased Furnished Cultivated Carried or Held for Another

IF ANY ITEM IS CHECKED, give details including **drug(s) involved**, **over what time period(s)**, and **circumstances**.

80. During the **past five years**, have you associated with friends, acquaintances, housemates, or family members who have illegally used drugs or narcotics, and/or illegally used prescription medications? Yes No

IF YES, explain:

Initial this page to indicate that you have read the instructions: _____

PERSONAL HISTORY STATEMENT – PEACE OFFICER

SECTION 9: MOTOR VEHICLE INFORMATION

81. Current Driver's License:

STATE OF ISSUE	LICENSE NUMBER	EXPIRATION DATE (MM/DD/YYYY)	NAME UNDER WHICH LICENSE WAS GRANTED
		/ /	

82. List other states where you have been licensed to operate a motor vehicle:

STATE OF ISSUE	LICENSE NUMBER (IF KNOWN)	TYPE OF LICENSE	NAME UNDER WHICH LICENSE WAS GRANTED

83. Have you ever been refused a driver's license by any state?

YesNo

IF YES, explain (include when, where, and circumstances):

84. Has your driver's license ever been suspended or revoked?

YesNo

IF YES, explain (include when, where, and circumstances):

85. List your current liability insurance on your vehicle(s).

85.1

TYPE OF COVERAGE		VEHICLE MAKE	YEAR (YYYY)	VEHICLE LICENSE
INSURED BONDED CASH DEPOSIT				
INSURANCE COMPANY		POLICY NUMBER		EXPIRATION DATE (MM/DD/YYYY)
				/ /
ADDRESS (NUMBER/STREET)	CITY	STATE	ZIP	CONTACT NUMBER
				()

85.2

TYPE OF COVERAGE		VEHICLE MAKE	YEAR (YYYY)	VEHICLE LICENSE
INSURED BONDED CASH DEPOSIT				
INSURANCE COMPANY		POLICY NUMBER		EXPIRATION DATE (MM/DD/YYYY)
				/ /
ADDRESS (NUMBER/STREET)	CITY	STATE	ZIP	CONTACT NUMBER
				()

85.3

TYPE OF COVERAGE		VEHICLE MAKE	YEAR (YYYY)	VEHICLE LICENSE
INSURED BONDED CASH DEPOSIT				
INSURANCE COMPANY		POLICY NUMBER		EXPIRATION DATE (MM/DD/YYYY)
				/ /
ADDRESS (NUMBER/STREET)	CITY	STATE	ZIP	CONTACT NUMBER
				()

PERSONAL HISTORY STATEMENT – PEACE OFFICER

SECTION 9: MOTOR VEHICLE OPERATION *continued*

86. List all traffic citations, excluding parking citations, you have received ***within the past seven years.***

86.1	NATURE OF VIOLATION		LOCATION (STREET)		CITY	STATE
	DATE VIOLATION OCCURRED MONTH: YEAR:		ACTION TAKEN NOT GUILTY FINED TRAFFIC SCHOOL DISMISSED			
86.2	NATURE OF VIOLATION		LOCATION (STREET)		CITY	STATE
	DATE VIOLATION OCCURRED MONTH: YEAR:		ACTION TAKEN NOT GUILTY FINED TRAFFIC SCHOOL DISMISSED			
86.3	NATURE OF VIOLATION		LOCATION (STREET)		CITY	STATE
	DATE VIOLATION OCCURRED MONTH: YEAR:		ACTION TAKEN NOT GUILTY FINED TRAFFIC SCHOOL DISMISSED			

87. Has a traffic citation ever resulted in a warrant or caused your driver's license to be withheld due to the following (check all that apply):

Failed to Appear

Failed to Complete Traffic School

Failed to Pay the Required Fine

IF CHECKED, explain circumstances:

88. Have you been involved as the driver in a motor vehicle accident ***within the past seven years?*** Yes No

IF YES, give details below.

88.1	DATE OF ACCIDENT (MM/YYYY) /	LOCATION (STREET)	CITY	STATE
	POLICE REPORT YES NO	LAW ENFORCEMENT AGENCY	AT FAULT? YES NO	WAS THE ACCIDENT? INJURY NON-INJURY
88.2	DATE OF ACCIDENT (MM/YYYY) /	LOCATION (STREET)	CITY	STATE
	POLICE REPORT YES NO	LAW ENFORCEMENT AGENCY	AT FAULT? YES NO	WAS THE ACCIDENT? INJURY NON-INJURY
88.3	DATE OF ACCIDENT (MM/YYYY) /	LOCATION (STREET)	CITY	STATE
	POLICE REPORT YES NO	LAW ENFORCEMENT AGENCY	AT FAULT? YES NO	WAS THE ACCIDENT? INJURY NON-INJURY

89. Have you ever driven a vehicle without auto insurance, as required by law? Yes No

IF YES, GIVE REASON	FROM (MM/YYYY)	TO (MM/YYYY)
	/	/

90. Have you ever been refused automobile liability insurance or a bond, or had them cancelled? Yes No

IF YES, GIVE REASON	DATE (MM/YYYY)
	/
INSURANCE COMPANY	

Initial this page to indicate that you have read the instructions: _____

PERSONAL HISTORY STATEMENT – PEACE OFFICER

SECTION 10: OTHER TOPICS

91.	Have you ever been refused a permit to carry a concealed weapon?	Yes	No
92.	Are you now, or have you ever been, a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability?	Yes	No
93.	Have you ever hit or physically overpowered a spouse or romantic partner?	Yes	No
94.	Since the age of 15 , have you ever been involved in an anger-provoked physical fight, confrontation or other violent act?	Yes	No
95.	Do you have, or have you ever had, a tattoo signifying membership in, or affiliation with, a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability?	Yes	No

If you answered "YES" to any of **Questions 91–95**, give details including dates and circumstances – *reference corresponding numbers*).

SECTION 11: CERTIFICATION

96.	I hereby certify that I have personally completed and initialed each page of this form and any attached supplemental page(s), and that all statements made are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact may subject me to disqualification; or, if I have been appointed, may disqualify me from continued employment.
Signature in Full: ►	Date:

Use the following page to continue any of your responses.
Be sure to reference corresponding numbers.

PERSONAL HISTORY STATEMENT – Peace Officer

ADDITIONAL COMMENTS

- Use this space to provide information that does not fit elsewhere on this form (e.g., additional family members, schools, residences, employers, explanations to questions, etc.). *Reference the corresponding questions and/or specific items.*
- You may print copies of this page as needed. If you are filling in this page online, text will flow to additional pages automatically.

Initial this page to indicate that you have provided complete and accurate information: _____

SUPPLEMENTAL BACKGROUND INTERVIEW QUESTIONNAIRE

INSTRUCTIONS

- ★ Carefully read and answer each question.
- ★ If you answer “**YES**” to **any** question, you **must** write or type a complete explanation on the blank sheets attached (use additional paper if needed).
- ★ You may handwrite or type this questionnaire. Only use **black or blue ink**.
- ★ All responses must be answered **completely, accurately and truthfully**. (Provide dates, locations, amounts, etc.)
- ★ Place the corresponding question number adjacent to the explanation.
- ★ After completing each page, you **must** initial the bottom right corner of each page.
- ★ In accordance with the Americans with Disabilities Act (ADA), **do not** list any medical related information or history about yourself on this questionnaire or any attached pages.
- ★ Vague, ambiguous, misleading, illegible or unanswered responses may be cause for disqualification from further consideration.
- ★ If you see the word “ever” in any question that means your entire lifetime.
- ★ This questionnaire must be printed one-sided.

San Bernardino County Sheriff's Department employees must be able to read, interpret, comprehend, and complete police reports, forms and other documents accurately and in a timely manner. For this reason, in addition to evaluating your moral character and suitability, we will evaluate your ability to complete this questionnaire accurately. Your ability to make clear statements, which accurately describe an occurrence, will be evaluated.

Initial this page: _____

PERSONAL DATA

1.	Do you use, or are you known by any other names, or monikers, or aliases?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Have you ever impersonated another person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Have you ever impersonated a police officer?	<input type="checkbox"/> Yes <input type="checkbox"/> No

FINANCIAL STATUS

4.	Have you ever provided false information on a credit or loan application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Have you ever had a poor credit rating?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Have you ever been refused credit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Have you ever been evicted or threatened with an eviction process?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Have you ever been sued over a debt?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Have you ever filed for debt reorganization?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Have you ever written a check knowing funds were not available to cover payment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Have you ever bounced a check? If so, what did you do about it?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Have you ever had a debt turned over to a collection agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	Have you ever been late paying rent or a mortgage payment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	Has your salary ever been attached for non-payment of debts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.	Have you ever avoided paying any lawful debt by moving away?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	Have you ever been late paying your taxes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17.	Have you ever failed to support any child of yours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18.	Have you ever been late in repaying a student loan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19.	Have you ever filed a false insurance claim?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20.	Have you ever-obtained financial gain through dishonest means?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21.	Have you ever collected unemployment or welfare benefits (including food stamps) when you were not entitled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
22.	During your background investigation, is anyone likely to report that you have or had financial problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No
23.	Have you ever falsified any information on a Bankruptcy Petition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24.	Have you ever had any property, including a vehicle, repossessed?	<input type="checkbox"/> Yes <input type="checkbox"/> No

MILITARY (IF APPLICABLE)

25.	Did you ever fail to register for the military draft when required to do so by law?	<input type="checkbox"/> Yes <input type="checkbox"/> No
26.	Are you concerned about an investigation into your military record?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27.	Have you ever been denied enlistment or re-enlistment in the military service?	<input type="checkbox"/> Yes <input type="checkbox"/> No

28.	Were you discharged from the military in any way other than honorable?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29.	Have you ever been considered absent without leave (A.W.O.L.) or taken an unauthorized absence from the military?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30.	Were you ever restricted to the base?	<input type="checkbox"/> Yes <input type="checkbox"/> No
31.	Were you ever in military confinement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
32.	Were you ever court-martialed or subject to an administrative discharge board?	<input type="checkbox"/> Yes <input type="checkbox"/> No
33.	Did you ever receive non-judicial punishment, non-judicial office hours, Captain's Mast, or similar punishment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
34.	While in military, did you receive any type of disciplinary action?	<input type="checkbox"/> Yes <input type="checkbox"/> No
35.	While in the military, were you ever reduced in grade or rank?	<input type="checkbox"/> Yes <input type="checkbox"/> No
36.	During your background investigation, is anyone likely to report that you had any other problems while in the military?	<input type="checkbox"/> Yes <input type="checkbox"/> No
37.	Did you ever use deadly force while in the military?	<input type="checkbox"/> Yes <input type="checkbox"/> No

TRAFFIC/VEHICLE OPERATION

38.	Have you ever received a traffic citation, other than for parking?	<input type="checkbox"/> Yes <input type="checkbox"/> No
39.	Have you ever had a traffic citation that did not show on your DMV record?	<input type="checkbox"/> Yes <input type="checkbox"/> No
40.	Are you currently driving without automobile insurance? If yes, for how long?	<input type="checkbox"/> Yes <input type="checkbox"/> No
41.	Have you ever driven an uninsured vehicle? If yes, please give specific time frames.	<input type="checkbox"/> Yes <input type="checkbox"/> No
42.	Have you ever been placed on probation for a traffic-related offense?	<input type="checkbox"/> Yes <input type="checkbox"/> No
43.	Have you ever been involved in a police pursuit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
44.	Have you ever fled the scene of a traffic accident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
45.	Have you ever caused anyone serious injury or death by your operation of a vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No
46.	As a driver, have you ever been involved in a traffic collision? If yes, explain (give dates, locations, whether you were at fault).	<input type="checkbox"/> Yes <input type="checkbox"/> No

PERSONAL CONDUCT

47.	Have you ever been arrested for an illegal sex act?	<input type="checkbox"/> Yes <input type="checkbox"/> No
48.	Have you received payment for or have you paid for sexual acts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
49.	Have you ever illegally exposed your genitals?	<input type="checkbox"/> Yes <input type="checkbox"/> No
50.	Have you ever had to register as a sex offender?	<input type="checkbox"/> Yes <input type="checkbox"/> No
51.	Do you have any reason to be concerned about an investigation into your personality traits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
52.	Do you have any prejudices against any minority, religious, or militant groups?	<input type="checkbox"/> Yes <input type="checkbox"/> No
53.	During your background investigation, is anyone likely to report that you have any prejudices against any minority, religious, or militant groups?	<input type="checkbox"/> Yes <input type="checkbox"/> No
54.	Do you feel your prejudices might affect your ability to perform this job?	<input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYMENT HISTORY

55.	Have you ever called in sick when you were really well? If yes, why?	<input type="checkbox"/> Yes <input type="checkbox"/> No
56.	Have you ever had any difficulty with a co-worker, subordinate, or supervisor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
57.	During the course of your employment, have you ever had a complaint made against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
58.	Has any supervisor (including military) co-worker or teacher ever spoken to you about being tardy or absent too often?	<input type="checkbox"/> Yes <input type="checkbox"/> No
59.	Have you ever been in a fight (verbal or physical) with a co-worker, supervisor, teacher, or customer of an organization you were working?	<input type="checkbox"/> Yes <input type="checkbox"/> No
60.	Have you ever been accused of misconduct at a place of employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
61.	Are you concerned about an investigation into your past work history?	<input type="checkbox"/> Yes <input type="checkbox"/> No
62.	Were you ever fired from a job? If yes, please include employers and dates.	<input type="checkbox"/> Yes <input type="checkbox"/> No
63.	Were you ever asked to resign from a job? If yes, include employers and dates.	<input type="checkbox"/> Yes <input type="checkbox"/> No
64.	Did you ever resign from a job to avoid being fired?	<input type="checkbox"/> Yes <input type="checkbox"/> No
65.	Have you ever left a job without giving proper notice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
66.	Have you been disciplined by an employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
67.	Are there any reasons for you not showing true and complete explanation(s) for leaving each of your previous jobs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
68.	Have you ever left a job with hard feelings toward the management or co-workers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
69.	Are there any reasons you are not able to return to work for any of your former employers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
70.	Have you ever stolen any money from a place where you worked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
71.	During your background investigation, is anyone likely to report derogatory information about your work performance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
72.	Have you ever borrowed money from an employer with or without their permission and not paid it back?	<input type="checkbox"/> Yes <input type="checkbox"/> No
73.	Have you ever been over paid by an employer and not reported it?	<input type="checkbox"/> Yes <input type="checkbox"/> No
74.	Have you ever embezzled any money from an employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
75.	Have you ever stolen, given away or discounted any merchandise or property from any employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
76.	Have you ever stolen any merchandise or property from an employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
77.	Have you ever taken any property that didn't belong to you from a place where you worked? If yes, include name of employer.	<input type="checkbox"/> Yes <input type="checkbox"/> No
78.	During your background investigation, is anyone likely to report that you have stolen something from a place where you worked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
79.	Have you ever been accused of sexual harassment? If yes, was there an investigation conducted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
80.	Has a bonding company ever turned you down?	<input type="checkbox"/> Yes <input type="checkbox"/> No
81.	Have you ever filed a false worker's compensation claim?	<input type="checkbox"/> Yes <input type="checkbox"/> No

CRIMINAL BEHAVIOR/LAW ENFORCEMENT CONTACTS

82. Have you <u>ever</u> committed any of the following?	
A. ARSON (unlawfully set fire)	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. BURGLARY (entry of a structure or vehicle to commit theft or any felony)	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. ROBBERY (theft from another person using a weapon or force)	<input type="checkbox"/> Yes <input type="checkbox"/> No
D. HOMICIDE / MANSLAUGHTER	<input type="checkbox"/> Yes <input type="checkbox"/> No
E. THEFT (including switching price tags, shoplifting)	<input type="checkbox"/> Yes <input type="checkbox"/> No
F. FORGERY	<input type="checkbox"/> Yes <input type="checkbox"/> No
G. KIDNAPPING	<input type="checkbox"/> Yes <input type="checkbox"/> No
H. EXTORTION (blackmail)	<input type="checkbox"/> Yes <input type="checkbox"/> No
I. EMBEZZLEMENT (theft of money or other valuables entrusted to you)	<input type="checkbox"/> Yes <input type="checkbox"/> No
J. RAPE (sexual intercourse by force, threat, alcohol or drug, including your spouse)	<input type="checkbox"/> Yes <input type="checkbox"/> No
K. ANY SEX ACT WITH A PERSON UNDER AGE 18	<input type="checkbox"/> Yes <input type="checkbox"/> No
L. INCEST (sexual intercourse with a member of your immediate family, other than your spouse)	<input type="checkbox"/> Yes <input type="checkbox"/> No
M. SEX IN A PLACE EXPOSED TO PUBLIC VIEW	<input type="checkbox"/> Yes <input type="checkbox"/> No
N. VIOLENT ASSAULT UPON ANOTHER PERSON (including spouse, significant others)	<input type="checkbox"/> Yes <input type="checkbox"/> No
O. DOMESTIC VIOLENCE (including spouse, common-law, significant others): 1. Have you ever assaulted another person in a dating relationship or during the relationship's termination? 2. Have you ever committed any act of physical violence (i.e. slapping, hitting, beating, arm-twisting, spitting, etc.) within an intimate relationship (including casual and long-term relationships)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
P. CHILD/ELDER ABUSE: Have you ever neglected the care of a child or elderly person who was your responsibility (i.e. did not feed, clean, clothe, or take care of medical needs as deemed appropriate, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Q. CHILD MOLESTATION (any sex act with a child): Have you ever had sexual contact with a child (i.e. fondling, taking pornographic pictures, masturbating in a child's presence, sexual acts, sexual intercourse)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
R. BEASTIALITY (any sex act with an animal)	<input type="checkbox"/> Yes <input type="checkbox"/> No
S. PROSTITUTION OR OTHER ILLEGAL SEXUAL ACTS (intercourse or other sexual acts for money or other considerations)	<input type="checkbox"/> Yes <input type="checkbox"/> No
T. SOLICITING PROSTITUTION (asking for sex in exchange for money or other considerations)	<input type="checkbox"/> Yes <input type="checkbox"/> No
U. VANDALISM (illegally damaged or destroyed property or committed any act of malicious mischief)	<input type="checkbox"/> Yes <input type="checkbox"/> No
V. PUBLIC INTOXICATION	<input type="checkbox"/> Yes <input type="checkbox"/> No
W. COMPUTER CRIMES (fraud, identity theft, or false impersonations, cybersex, child pornography, solicited sexual acts from a person under 18 years old)	<input type="checkbox"/> Yes <input type="checkbox"/> No

83.	Have you ever carried a concealed weapon without a permit to do so?	<input type="checkbox"/> Yes <input type="checkbox"/> No
84.	Are you prohibited by law from owning, possessing, or carrying a firearm?	<input type="checkbox"/> Yes <input type="checkbox"/> No
85.	Have you ever applied for a permit to carry a concealed weapon?	<input type="checkbox"/> Yes <input type="checkbox"/> No
86.	Have you ever illegally carried a weapon? (Includes any dagger, billy club, metal knuckles, nunchaku, throwing star, sap, short-barreled shotgun/rifle, butterfly knife, or any explosive substance.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
87.	During your background investigation, is anyone likely to report that you have illegally used or carried a firearm?	<input type="checkbox"/> Yes <input type="checkbox"/> No
88.	Either as an adult or juvenile, have you ever been questioned or detained by any law enforcement agency during an investigation? (Detention in and of itself is not disqualifying.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
89.	Have you ever had a warrant issued for your arrest (including traffic warrants)? If yes, give details (including dates, where and why).	<input type="checkbox"/> Yes <input type="checkbox"/> No
90.	Are you currently or have you ever been on parole or probation as a juvenile or adult? If yes, give details (including dates, where and why).	<input type="checkbox"/> Yes <input type="checkbox"/> No
91.	Have you ever been arrested or convicted of any crime, as an adult or juvenile (excluding traffic citations)? If so, please provide the following information: Date of incident, police agency, circumstances, sentences, court case number, police case number, police reports, and court.	<input type="checkbox"/> Yes <input type="checkbox"/> No
92.	Are you now wanted for any reason by any law enforcement agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
93.	Have you ever had a criminal record (adult or juvenile) sealed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
94.	Have you ever had to testify in a criminal proceeding?	<input type="checkbox"/> Yes <input type="checkbox"/> No
95.	Have you ever had your vehicle searched?	<input type="checkbox"/> Yes <input type="checkbox"/> No
96.	Have you ever been reported as a runaway or missing person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
97.	Have you ever been named on or been party to a restraining order?	<input type="checkbox"/> Yes <input type="checkbox"/> No
98.	Have you ever refused to obey a restraining order?	<input type="checkbox"/> Yes <input type="checkbox"/> No
99.	Has your spouse ever called the police on you for any reason?	<input type="checkbox"/> Yes <input type="checkbox"/> No
100.	Have you ever been a victim of gang violence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
101.	Have you ever "tagged" or participated in "tagging" someone else's property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
102.	Have you ever had a drunk driving arrest reduced to a reckless driving?	<input type="checkbox"/> Yes <input type="checkbox"/> No
103.	Have you ever engaged in any criminal activity using a computer or any other communication device?	<input type="checkbox"/> Yes <input type="checkbox"/> No
104.	Have you ever been a victim of a criminal act?	<input type="checkbox"/> Yes <input type="checkbox"/> No
105.	Have you ever committed any dishonest act in order to obtain a Police Officer position? (i.e., cheating on written exam, or having another person take your medical exam, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
106.	Have you ever used falsified identification or identification belonging to another?	<input type="checkbox"/> Yes <input type="checkbox"/> No
107.	Have you cheated on a test?	<input type="checkbox"/> Yes <input type="checkbox"/> No
108.	Did you omit from your application any employment issues (i.e., terminations, or layoffs)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

USE OF INTOXICANTS

109.	Have you ever been detained or arrested for driving under the influence of an intoxicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
110.	Have you ever driven a vehicle under the influence of alcohol and/or drugs? If so, give the date of the last occurrence.	<input type="checkbox"/> Yes <input type="checkbox"/> No

GAMBLING

111.	Have you had any family problems because of gambling?	<input type="checkbox"/> Yes <input type="checkbox"/> No
112.	Have you had any employment problems because of gambling?	<input type="checkbox"/> Yes <input type="checkbox"/> No
113.	Have you ever placed an illegal bet on a sporting event?	<input type="checkbox"/> Yes <input type="checkbox"/> No
114.	Have you ever gambled while delinquent or behind in your financial obligations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
115.	Have you ever borrowed money to gamble with?	<input type="checkbox"/> Yes <input type="checkbox"/> No

HONESTY

116.	Have you intentionally omitted any fact or facts from your application or withheld any adverse information from the background investigator?	<input type="checkbox"/> Yes <input type="checkbox"/> No
117.	Have you ever given any confidential information to any organization or individual that would jeopardize our national security?	<input type="checkbox"/> Yes <input type="checkbox"/> No

FRIENDS, ASSOCIATES & FAMILY MEMBERS

118.	Have you ever had any difficulties or disputes with a neighbor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
119.	Has any of your high school, college friends or current associates ever been convicted of a crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No
120.	Have you ever committed a crime not previously mentioned?	<input type="checkbox"/> Yes <input type="checkbox"/> No
121.	Have you or your family or associates ever violated any law while associating with members of a street gang?	<input type="checkbox"/> Yes <input type="checkbox"/> No
122.	Have you, your family or associates ever participated in a drive by shooting of a person, home or vehicle? If yes, what role did you play?	<input type="checkbox"/> Yes <input type="checkbox"/> No
123.	Do you know, or have you or your family members ever knowingly associated with any member of a street gang?	<input type="checkbox"/> Yes <input type="checkbox"/> No
124.	Have you ever been a member or participated in any gang activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
125.	Have you ever attended a gathering of any street gang?	<input type="checkbox"/> Yes <input type="checkbox"/> No
126.	To your knowledge, have any of your immediate family members, friends, or associates ever been arrested or are they now involved in any illegal activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
127.	Have any of your family members or associates ever been placed on probation or parole?	<input type="checkbox"/> Yes <input type="checkbox"/> No
128.	During your background investigation, is anyone likely to report that you have any personality characteristics that would make you unsuitable for the position you have applied for?	<input type="checkbox"/> Yes <input type="checkbox"/> No
129.	Do you now or have you ever had any character defects?	<input type="checkbox"/> Yes <input type="checkbox"/> No

DRUGS AND NARCOTICS

130. Have you <u>ever</u> , during the course of your lifetime, used, tried, experimented, or in <u>any way</u> ingested into your body:		Month/Year First Used	Month/Year Last Used
Marijuana (THC/STP)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Hashish / Hash Oil	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Cocaine	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Barbiturates (Downers)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Amphetamines (Uppers, Crosstaps, Whites)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Methamphetamine (Speed, Crank, Crystal)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Heroin	<input type="checkbox"/> Yes <input type="checkbox"/> No		
LSD (Acid), Mushrooms, or other Hallucinogens	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Peyote or Mescaline	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Opium / Morphine	<input type="checkbox"/> Yes <input type="checkbox"/> No		
PCP (Angel Dust)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Anabolic Steroids – Oral or Injectable	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Toluene (Inhalants)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Combination of Substances or any “Designer Drug”	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Ecstasy, GHB	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Bath Salts (Synthetic Cathinones)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Spice	<input type="checkbox"/> Yes <input type="checkbox"/> No		
OxyContin	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Adderall	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Performance Enhancing Drugs (HGH, EPO, AAS etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Any pharmaceutical drug prescribed for another person	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Any other drug (other than prescribed)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<p>If you have used any of the listed drugs above or any other illegal drug, you must write a complete explanation in handwriting on the blank sheets attached. Be specific as possible.</p>			

131.	Do any of your friends, immediate family, or associates use any drugs, narcotics, or other illegal substances? If yes, are you in contact with them?	<input type="checkbox"/> Yes <input type="checkbox"/> No
132.	Have you ever remained in a place where drugs, narcotics or other illegal substances were being used, possessed, sold, manufactured, etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
133.	Have you ever purchased narcotics or drugs, including marijuana, without a doctor's prescription?	<input type="checkbox"/> Yes <input type="checkbox"/> No
134.	Have you ever furnished, manufactured, cultivated or possessed any drug, narcotic, or other illegal substance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
135.	Have you ever knowingly allowed anyone to use illegal drugs in your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
136.	Have you ever sold narcotics or drugs, including marijuana?	<input type="checkbox"/> Yes <input type="checkbox"/> No
137.	Have you ever worked under the influence of illegal drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
138.	Have you ever ingested a substance you thought was an illegal drug and then found out it wasn't?	<input type="checkbox"/> Yes <input type="checkbox"/> No
139.	Have you ever been involved in the manufacturing of any drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
140.	Have you ever been the "middle man", go-between, or "done a favor for a friend", by becoming involved in an illegal drug transaction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
141.	Have you ever purchased steroids?	<input type="checkbox"/> Yes <input type="checkbox"/> No
142.	Have you ever helped or told anyone where to purchase illegal drugs including steroids?	<input type="checkbox"/> Yes <input type="checkbox"/> No
143.	Have you or anyone else (other than medical personnel) injected anything into your body?	<input type="checkbox"/> Yes <input type="checkbox"/> No
144.	If applying for Deputy Sheriff: Would you arrest a friend if you came upon that friend using narcotics or illegal drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
145.	Do you object to other people using illegal drugs or narcotics?	<input type="checkbox"/> Yes <input type="checkbox"/> No
146.	During your background investigation, is anyone likely to report that you have been involved in the use or sales of illegal drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
147.	Have you ever-tested positive on an employment related drug test?	<input type="checkbox"/> Yes <input type="checkbox"/> No
148.	Have you ever participated in the manufacture, cultivation, or production or any drug, narcotic, or controlled substance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
149.	Have you ever acted as a courier by transporting any drug, narcotic, or controlled substance for other than legitimate transaction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
150.	If you have ever used LSD, have you ever felt the re-occurring effects or experienced a "flashback" as a result of its use? When was the last time?	<input type="checkbox"/> Yes <input type="checkbox"/> No
151.	Are you currently engaging in the use of illegal drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
152.	Are there any illegal drugs presently in your place or residence or vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No
153.	Have you ever been refused, denied or terminated from employment due to drug use or the results of a drug test?	<input type="checkbox"/> Yes <input type="checkbox"/> No
154.	Have your ever used any growth hormones, prohormones, or performance enhancers deemed illegal or you knew was illegal?	<input type="checkbox"/> Yes <input type="checkbox"/> No
155.	Have you had anyone administer to you any unlawful drug without your knowledge at the time?	<input type="checkbox"/> Yes <input type="checkbox"/> No
156.	Have you ever administered any unlawful drug to anyone without that person's knowledge?	<input type="checkbox"/> Yes <input type="checkbox"/> No

TEMPERAMENT

157.	Do you frequently lose your temper?	<input type="checkbox"/> Yes <input type="checkbox"/> No
158.	Have you ever lost your temper with your family, friends, co-workers, supervisors, or a stranger?	<input type="checkbox"/> Yes <input type="checkbox"/> No
159.	Have you ever been involved in a fight? If yes, give details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
160.	In the past year, have you ever been in or started any fights?	<input type="checkbox"/> Yes <input type="checkbox"/> No
161.	Since you were 18, have you struck or injured any person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
162.	Have you ever struck someone living with you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
163.	Have you had to physically defend yourself? If yes, how many times (other than training, e.g., military, police academy, or self-defense courses, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
164.	Other than in warfare, have you ever caused serious injury to a human being?	<input type="checkbox"/> Yes <input type="checkbox"/> No
165.	Other than in warfare, have you ever used any weapon against someone?	<input type="checkbox"/> Yes <input type="checkbox"/> No
166.	Other than in warfare, have you been involved in a violent incident such as a shooting, knifing, or fight where someone was, or could have been, seriously injured or killed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
167.	Other than in warfare, have you ever caused the death of a human being?	<input type="checkbox"/> Yes <input type="checkbox"/> No
168.	If applying for Deputy Sheriff: If it becomes necessary in the course of your duties to take a human life, would you have any reluctance to do so because of religious or other personal beliefs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
169.	During your background investigation, is anyone likely to report that you have violent tendencies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
170.	During your background investigation, is anyone likely to report that you have a problem with your temper?	<input type="checkbox"/> Yes <input type="checkbox"/> No
171.	Have you ever mentally or emotionally abused someone in an intimate relationship? (i.e. frequently called them harmful names, threatened them, terrorized them, humiliated them, insulted them, intentionally tried to hurt their feelings, or make them feel bad)	<input type="checkbox"/> Yes <input type="checkbox"/> No
172.	Have you ever been in a physical confrontation with someone in an intimate relationship? (i.e. push, shove, hit, slap, hold, grab, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
173.	Have you ever been controlling in an intimate relationship? (i.e. told partners what to wear, whom they could and could not see, when they should be home, how they should act, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No

MISCELLANEOUS

174.	Have you ever taken a polygraph? If yes, when and where?	<input type="checkbox"/> Yes <input type="checkbox"/> No
175.	Have you ever been refused a security clearance? If yes, where, when and why?	<input type="checkbox"/> Yes <input type="checkbox"/> No
176.	Have you ever belonged to a subversive or militant group that has advocated the use of violence or unlawful means to obtain its goals?	<input type="checkbox"/> Yes <input type="checkbox"/> No
177.	Do you have any tattoos? If yes, give description and location.	<input type="checkbox"/> Yes <input type="checkbox"/> No
178.	Have you ever been involved in a hazing incident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
179.	Are there any actions pending in civil court in which you are a defendant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
180.	Is there anything in your background that you have not been asked about that might eliminate you from consideration for this job if it were found out?	<input type="checkbox"/> Yes <input type="checkbox"/> No

LAW ENFORCEMENT / MILITARY POLICE EXPERIENCE

THOSE APPLICANTS WHO ARE NOW OR HAVE PREVIOUSLY BEEN PEACE OFFICERS, RESERVE PEACE OFFICERS OR MILITARY POLICE OFFICERS MUST ANSWER THE FOLLOWING QUESTIONS.

181. As a peace officer, have you ever accepted a gratuity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
182. As a peace officer, have you ever accepted anything for overlooking a violation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
183. As a peace officer, have you ever made a false official report?	<input type="checkbox"/> Yes <input type="checkbox"/> No
184. As a peace officer, have you ever used your official position for personal gain?	<input type="checkbox"/> Yes <input type="checkbox"/> No
185. As a peace officer, have you ever withheld evidence seized in the course of your official duties?	<input type="checkbox"/> Yes <input type="checkbox"/> No
186. As a peace officer, have you ever had sex on duty?	<input type="checkbox"/> Yes <input type="checkbox"/> No
FOR THE FOLLOWING QUESTIONS, INCLUDE: DATES, AGENCY'S NAME, NAMES OF OTHER OFFICERS, LOCATION, CASE NUMBERS, AND A CONTACT PERSON IN CHARGE OF THE INVESTIGATION/COMPLAINT.	
187. Have you ever been the subject of an Internal Affairs investigation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
188. Have you ever had a citizen's complaint alleged against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
189. Have you ever had any disciplinary actions taken against you, including suspensions, demotions, or written and oral reprimands?	<input type="checkbox"/> Yes <input type="checkbox"/> No
190. Have you ever been involved in an incident where it was necessary to use deadly force, regardless if the person died or not?	<input type="checkbox"/> Yes <input type="checkbox"/> No

I am aware that any false statements or omissions made on this questionnaire will cause my name to be removed from the eligibility list, or be cause for non-selection by the San Bernardino County Sheriff's Department. I understand that I am subject to termination if discrepancies are discovered after I have been appointed. Additionally, I understand that I am to immediately notify my background investigator of any changes in the above information. Failure to notify the Sheriff's Background Unit of these changes could also be grounds for disqualification and/or non-selection.

Print Name: _____

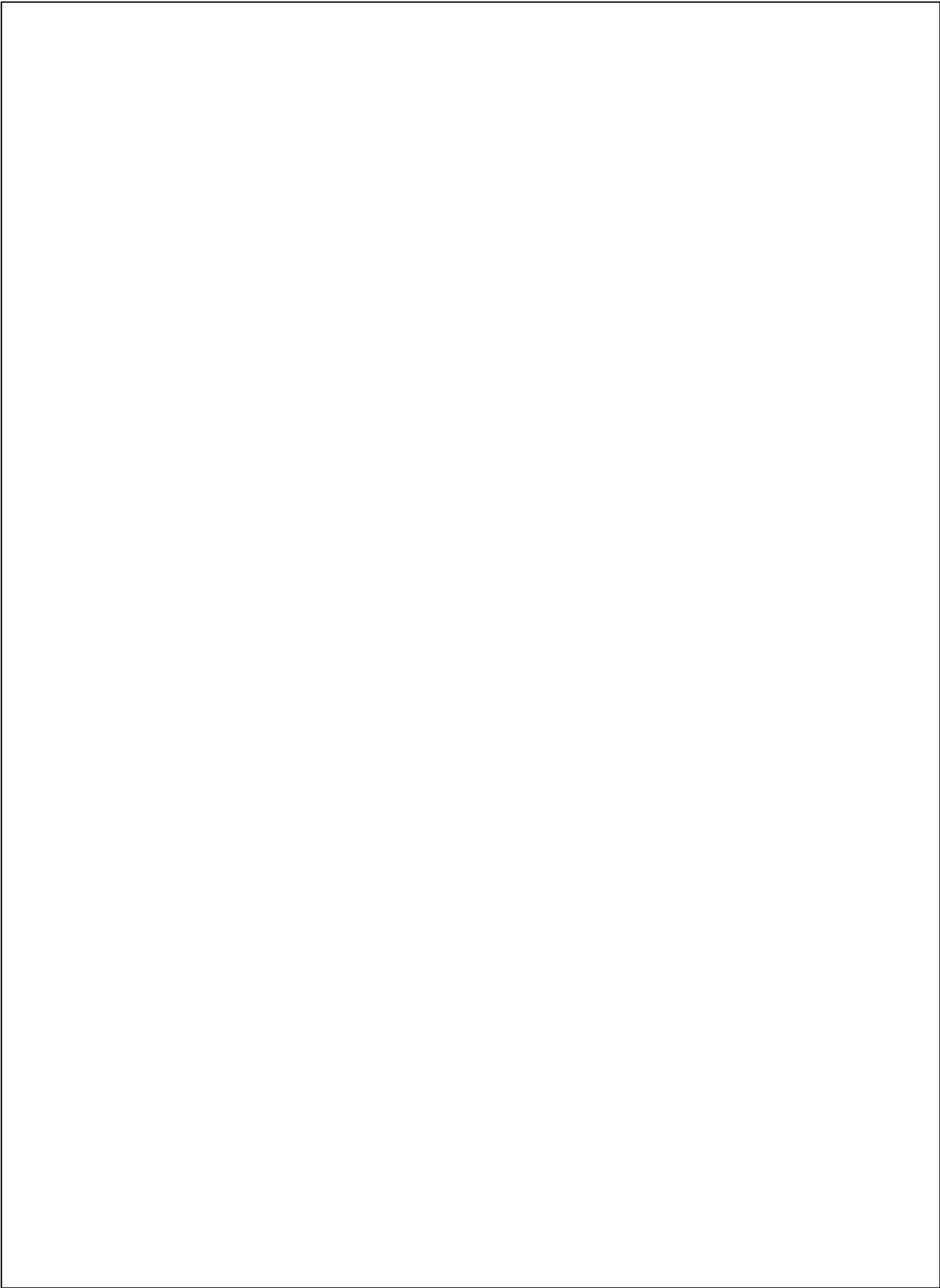
Signature: _____ **Date:** _____

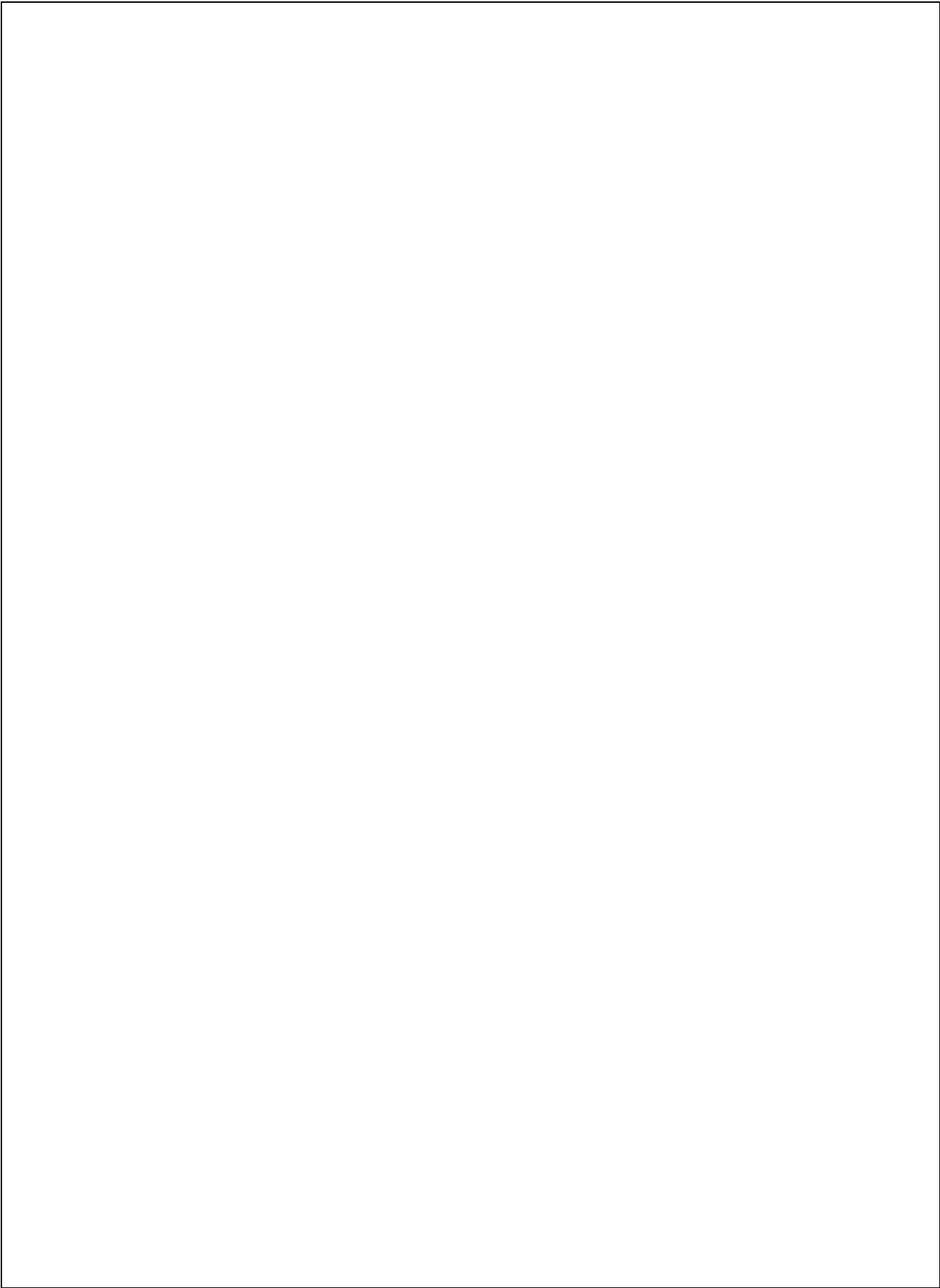
Background Investigator: _____

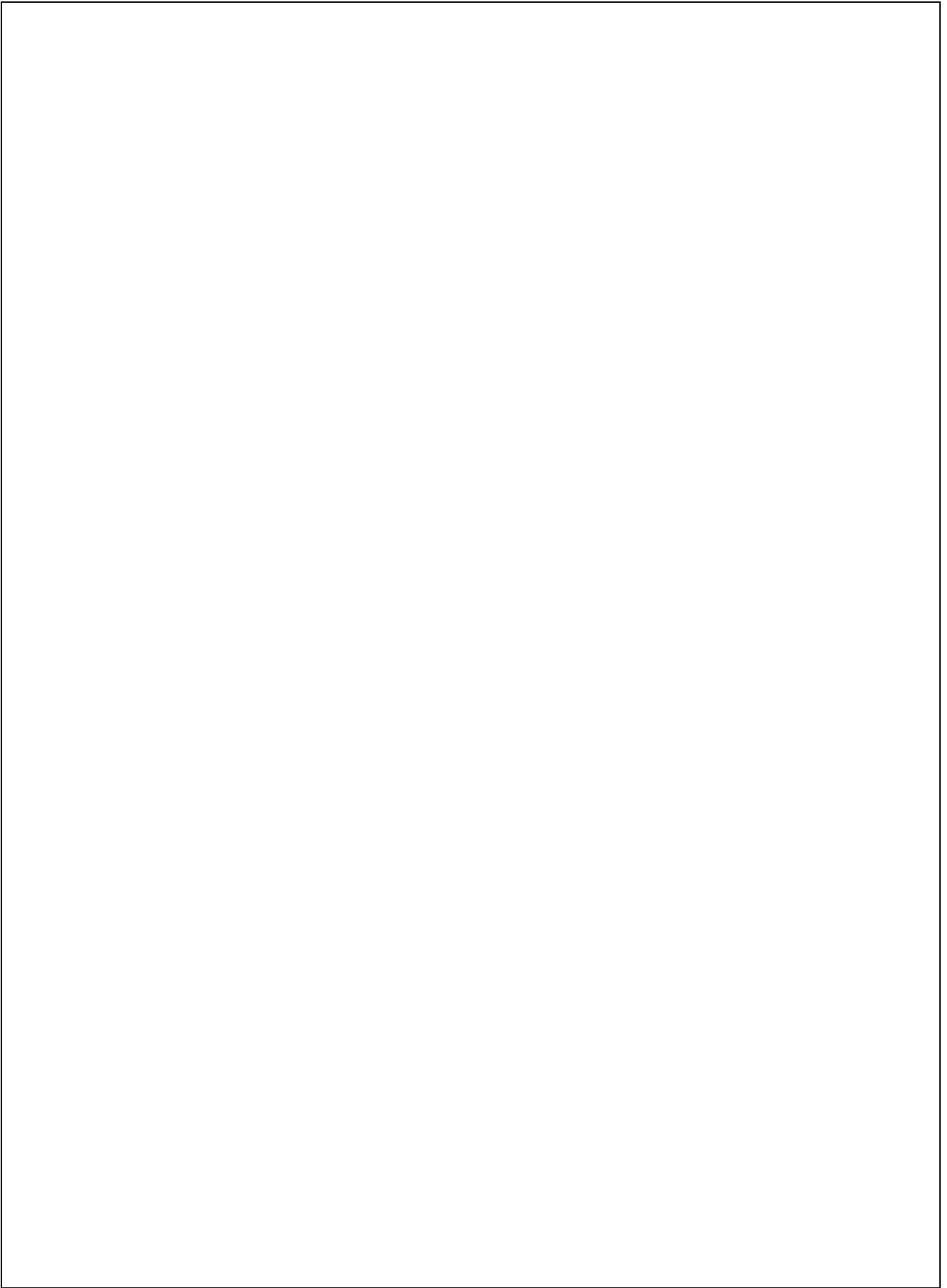
Signature: _____ **Date:** _____

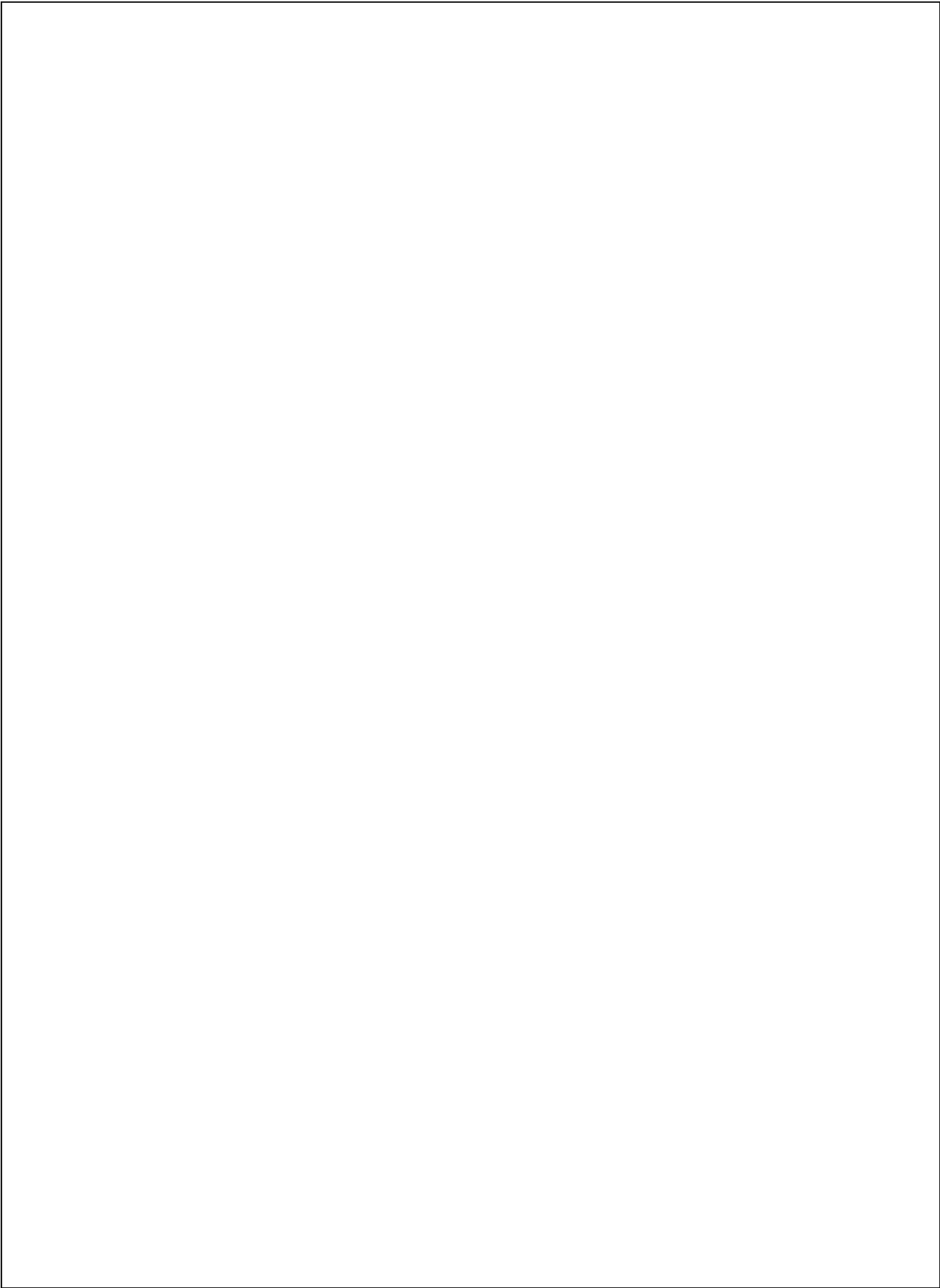
EXPLANATIONS

Indicate the corresponding question number with the explanation. Attach additional paper if necessary.











JOHN McMAHON, SHERIFF-CORONER



**AUTHORIZATION FOR THE SAN BERNARDINO COUNTY SHERIFF'S DEPARTMENT
TO PROCURE AND OBTAIN A CONSUMER REPORT**

TO WHOM IT MAY CONCERN:

The undersigned does hereby acknowledge that a clear and conspicuous disclosure has been made to him or her in writing by the San Bernardino County Sheriff's Department, that a consumer report may be procured and obtained for purposes of employment, promotion, reassignment or retention as an employee of the San Bernardino County Sheriff's Department.

The undersigned further acknowledges having signed an acknowledgement that such disclosure has been made by the San Bernardino County Sheriff's Department and advising the undersigned of his or her rights under the Fair Credit Reporting Act (FCRA) in the event adverse action is taken based in whole or in part on the consumer report.

The undersigned does hereby authorize the San Bernardino County Sheriff's Department to procure and obtain a consumer report for purposes of employment of the undersigned in accordance with the applicable provisions of the Fair Credit Report Act (FCRA).

☐ **Check here if you would like a copy of your consumer report from Trans Union.**

Full Name: _____
(Signature including maiden or other previously used name.)

Full Name: _____
(Typed or printed including maiden or other previously used name.)

Social Security Number: _____

Parent or Guardian (if applicable): _____

Date: _____ Telephone Number: _____

Current Address: _____

Witness: _____
(Agent of the San Bernardino County Sheriff's Department)



JOHN McMAHON, SHERIFF-CORONER



Neighbor Information

Part of the background investigation consists of contacting your neighbors. We often experience difficulty in locating neighbors at home during the day. It is to your benefit to supply us with information regarding your neighbors. Your assistance in providing the information below should expedite our background investigation.

If possible please provide a listing of your four (4) closest neighbors. This list should include the people who live on each side of you and across the street. In some instances, people who live in very rural areas may not have any "next door" neighbors. In these instances please provide a list of your closest neighbors.

Name: _____

Address: _____

Home Phone: () _____ Daytime Phone: () _____

Name: _____

Address: _____

Home Phone: () _____ Daytime Phone: () _____

Name: _____

Address: _____

Home Phone: () _____ Daytime Phone: () _____

Name: _____

Address: _____

Home Phone: () _____ Daytime Phone: () _____



LAW ENFORCEMENT APPLICATION HISTORY

Name: _____

Date: _____

Please list **all** law enforcement agencies you have applied including **sworn and non-sworn positions**. Please indicate your current eligibility status and be specific. For example: failed oral, failed background, pending interview, withdrew from process, etc.

	Date Applied	Name of Agency	Address of Agency	Agency Phone Number	Name of Investigator	Results Status
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						

Rev. 7/2015